

Name
in
Full

Kary Lucy Akhouse

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Plum Island	Anne Arundel		
Date of death	Month	Day	Years Months Days
1906	OCT.	30	Age 83
Sex	Color or Race	State	Birth-place
Female		State	Germany
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	—	
Widow	—		
Father's Name	—		
Mother's Maiden Name	—		
Name of person giving Information	How related to deceased		
Henry Hekler.	Son in Law.		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Carcinoma of Stomach (40) How long months
Immediate (Inanition) Exhaustion How long weeks.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

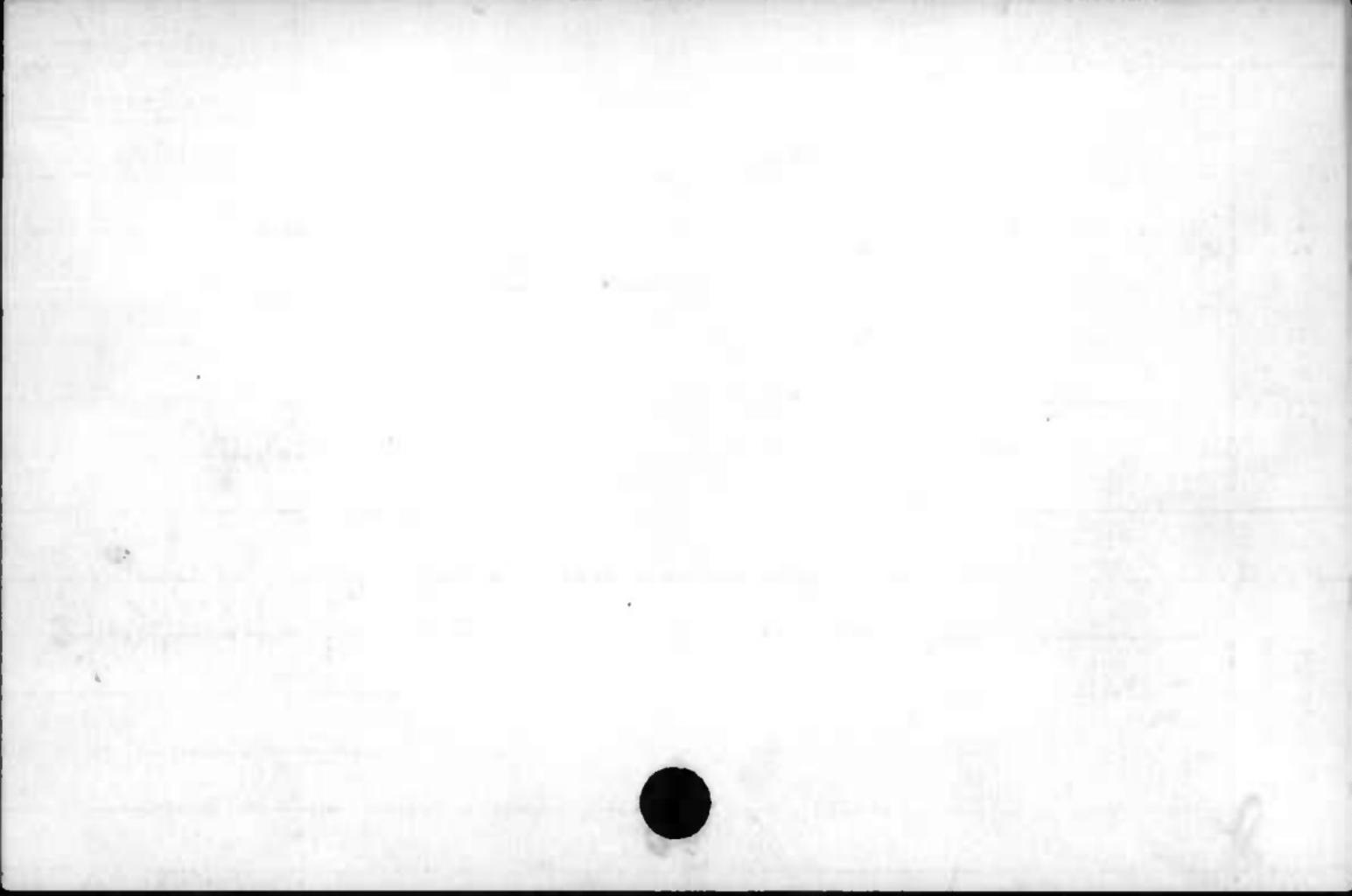
Dr. Jacob Stein

Address

Cambridge Street

LOUIS STEIN,

Accident or Suicide?



Name
in
Full

May Bell Benson

CERTIFICATE OF DEATH

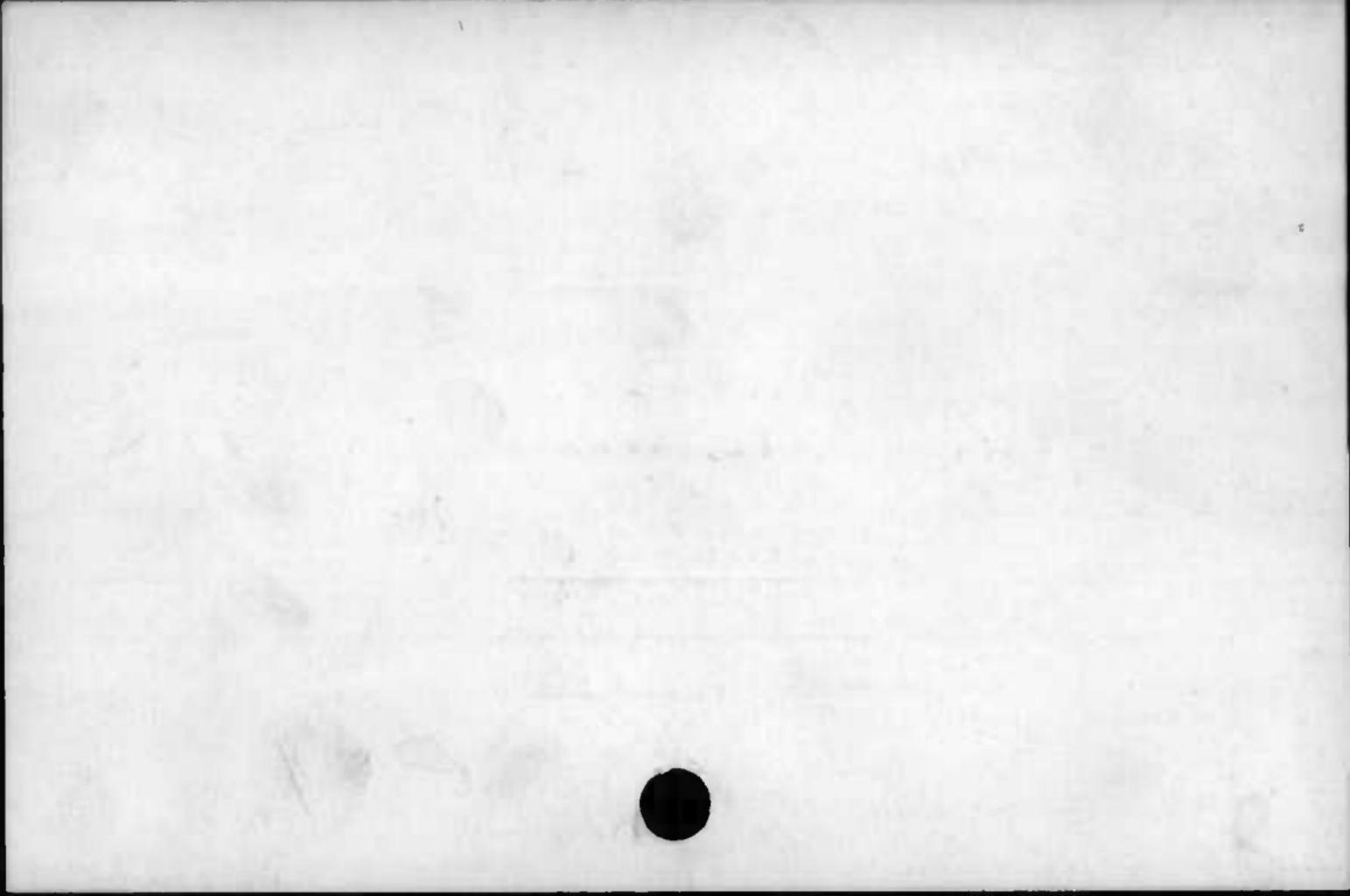
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Where Residing if not at place of death	Birth-place
Occupation			
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Mother's Birthplace
Father's Name	George Benson	Md	Md
Mother's Maiden Name	Gillie Peterson		
Name of person giving information	How related to deceased		

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary	Meningitis	(61)	How long
Immediate	Chancroid		How long
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	99 Broadway
		Address	Cumberland
Accident or Suicide?	LOUIS STEIN		Md



Name
In
Full

Mary E. Bier

CERTIFICATE OF DEATH

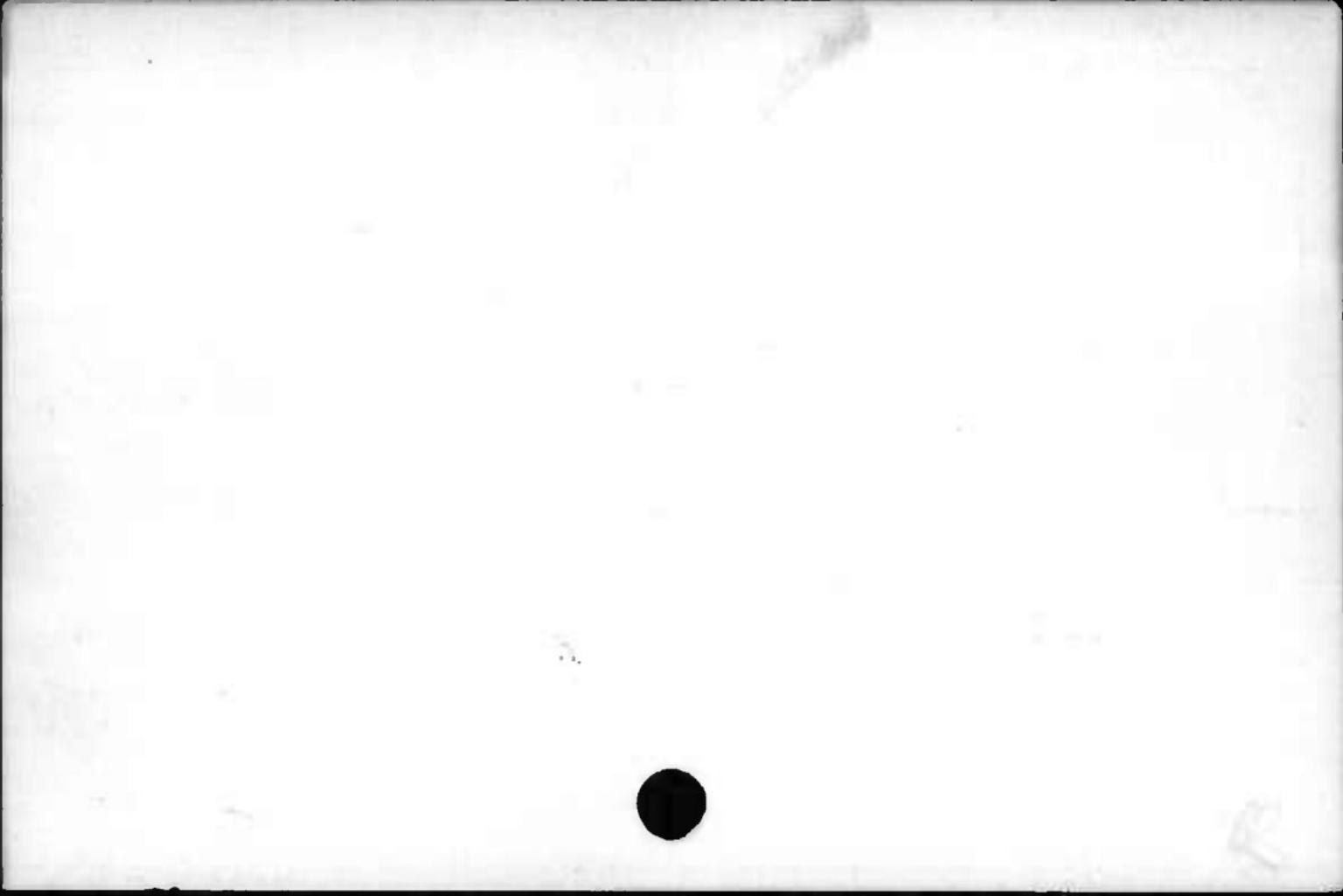
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	female	Color or Race	Age	94
Occupation	Hw	Where Residing if not at place of death	Pittsburg Pa	
Married, Single or Widowed	widow	Name of Wife or Husband	Jacob E. Bier —	
Father's Name	Joseph Welsh	Father's Birthplace	—	
Mother's Maiden Name	Mary Whiteside	Mother's Birthplace	—	
Name of person giving Information	Mrs Stague	How related to deceased	daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Dysentery	How long	4 weeks
Immediate	Exhaustion 14	How long	10 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	W H Bier
		Address	Number 3rd
Accident or Suicide?			



Name
in
Full

Samuel Henry Birnix

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Date of death 1906	Month Oct	Day 16	Years 18	Months	Days
Sex Male	Color or Race White	Birth-place Md			
Occupation Farmer	Where Residing if not at place of death				
Married, Single or Widowed Single	Name of Wife or Husband	Father's Birthplace Father			
Father's Name Samuel Birnix	Mother's Maiden Name Gillian Downey	Mother's Birthplace Md			
Name of person giving information	Samuel Birnix	How related to deceased Father			

CAUSES OF DEATH

Primary

Tuberculosis



How long

11 months

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

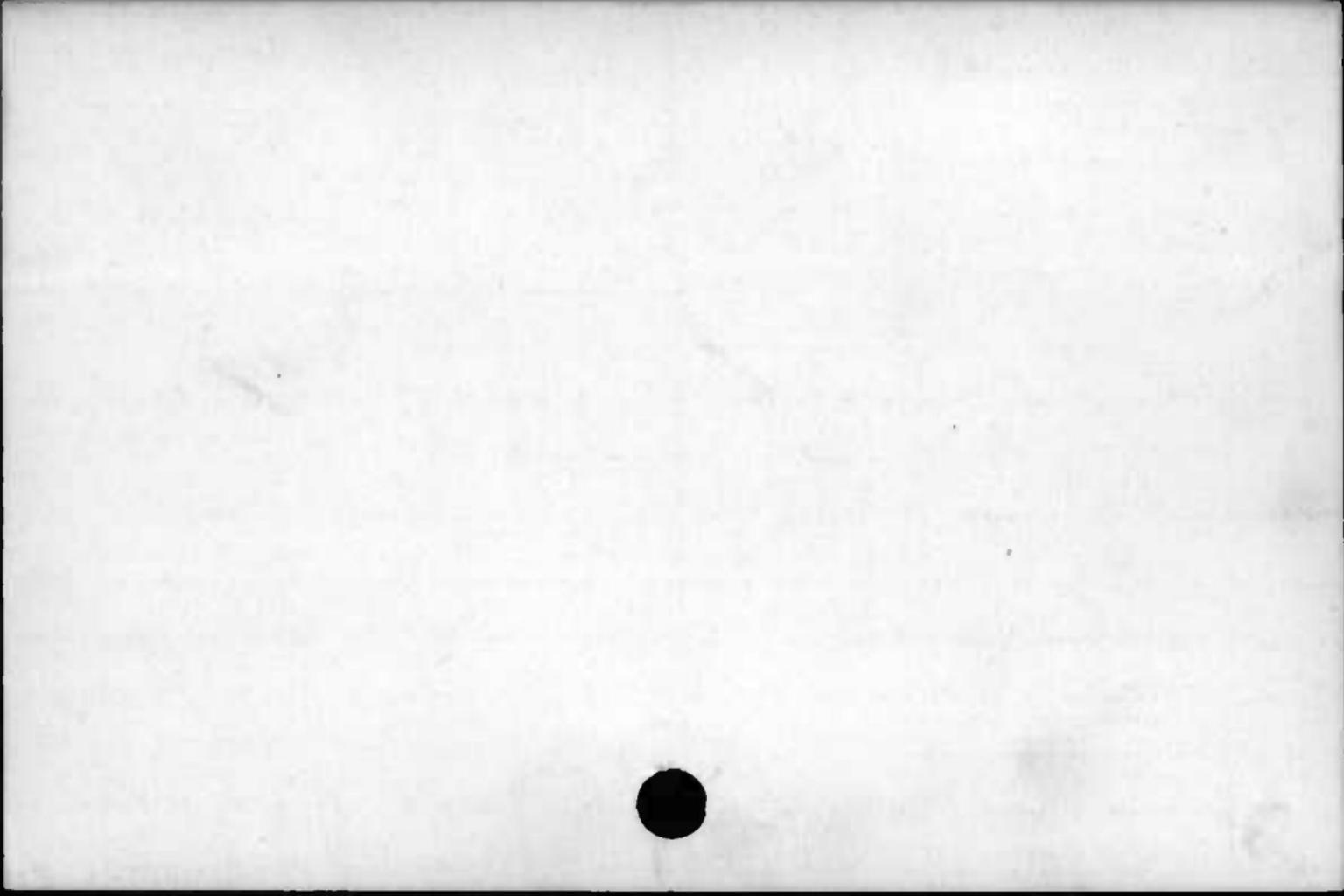
Signature of Physician

Address

S P Harris
Cumberland
Maryland

John Stem

Accident or Suicide?



Name
in
Full

William Boyes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

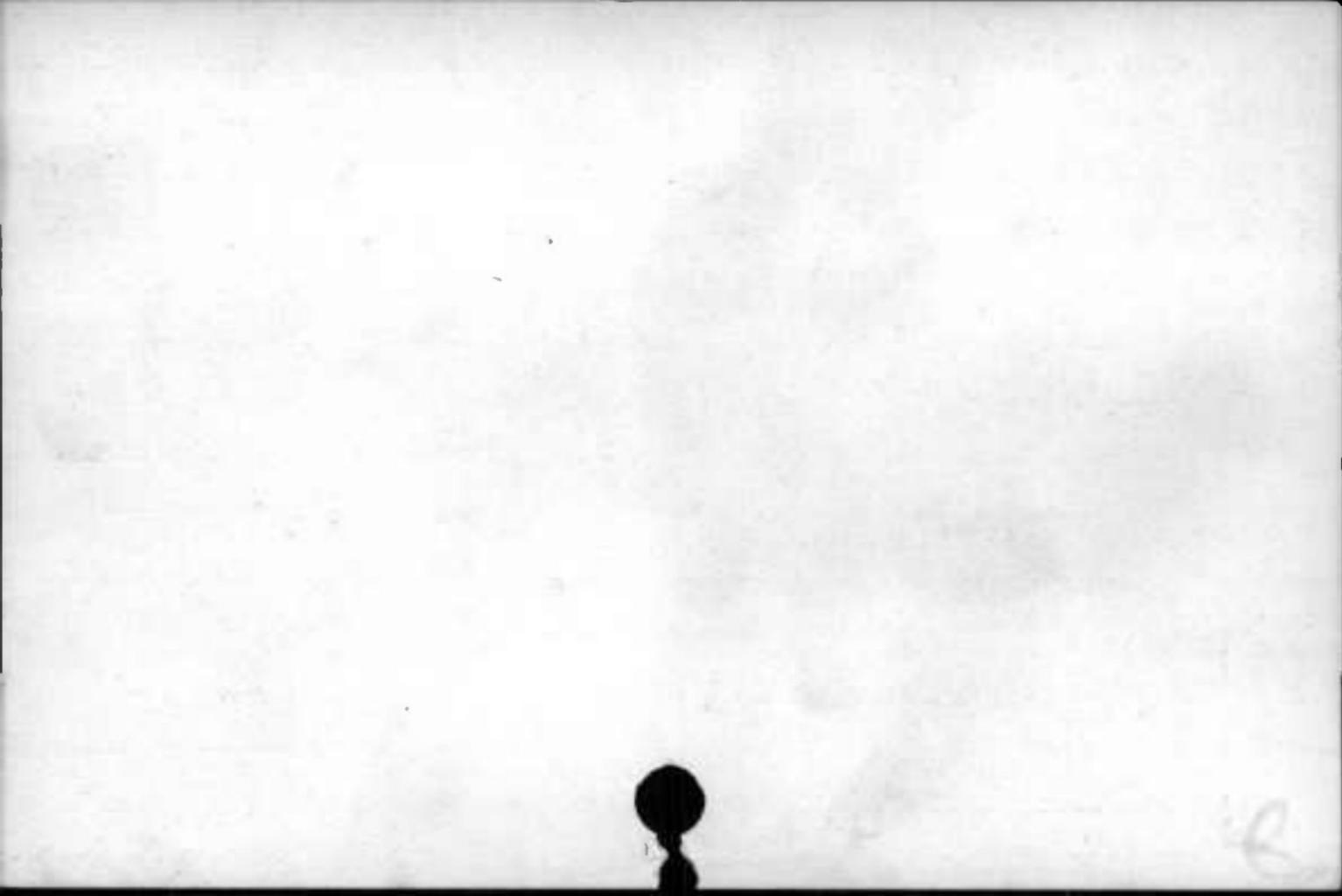
Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	white	Birth-place
Occupation	one time miner now Farmer	Where Residing if not at place of death	
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	John Boyes	Father's Birthplace	England
Mother's Maiden Name	Elizabeth Hairwather	Mother's Birthplace	England
Name of person giving Information	My Wm. Boyes	How related to deceased	wife

CAUSES OF DEATH

(9)

PHYSICIAN
OR CORONER

Primary	Chronic Bronchitis, with dysphnoea several years -	
Immediate	Exhaustion - heart failure one week	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician
		Address
Accident or Suicide?	no	Lonaconing Maryland



Name
in
Full

Bernadette Broderick

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1906	Month October	Day 7	Years 6
Sex Female	Color or Race white	Birth-place Midland, Md.	Months —
Married, Single or Widowed Single	Occupation School child		Days —
Name of Wife or Husband			
Father's Name Wm Broderick	Father's Birthplace Allegany Co.		
Mother's Maiden Name Isabell Thompson	Mother's Birthplace Allegany Co.		
Name of person giving information Wm Broderick	How related to deceased Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Diphtheria	⑨	How long 5 days
Immediate Diphtheria		How long 5 days
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician F. P. O'Neil	
	Address	Midland, Md.



Accident or Suicide? No

Born

Catharine County?

Forsyth

Name
in
Full

Edward Brooks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County	MARYLAND	
Died at	All	Months	Days
Date of death 1906	Month 8 Day 2	Years	
Age	48	Birth-place	Mo
Sex Male	Color or Race White	Where Residing if not at place of death	
Occupation Labourer	Bettie Brooks		
Married, Single or Widowed Married	Name of Wife or Husband	Father's Birthplace	
Mother's Maiden Name		Mother's Birthplace	
Name of person giving information	Bettie Brooks	How related to deceased	wife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis of Lung

How long

6 month

Immediate

Hemorrhage

How long

Are the name, age, sex, color, date and place correctly given above?

21

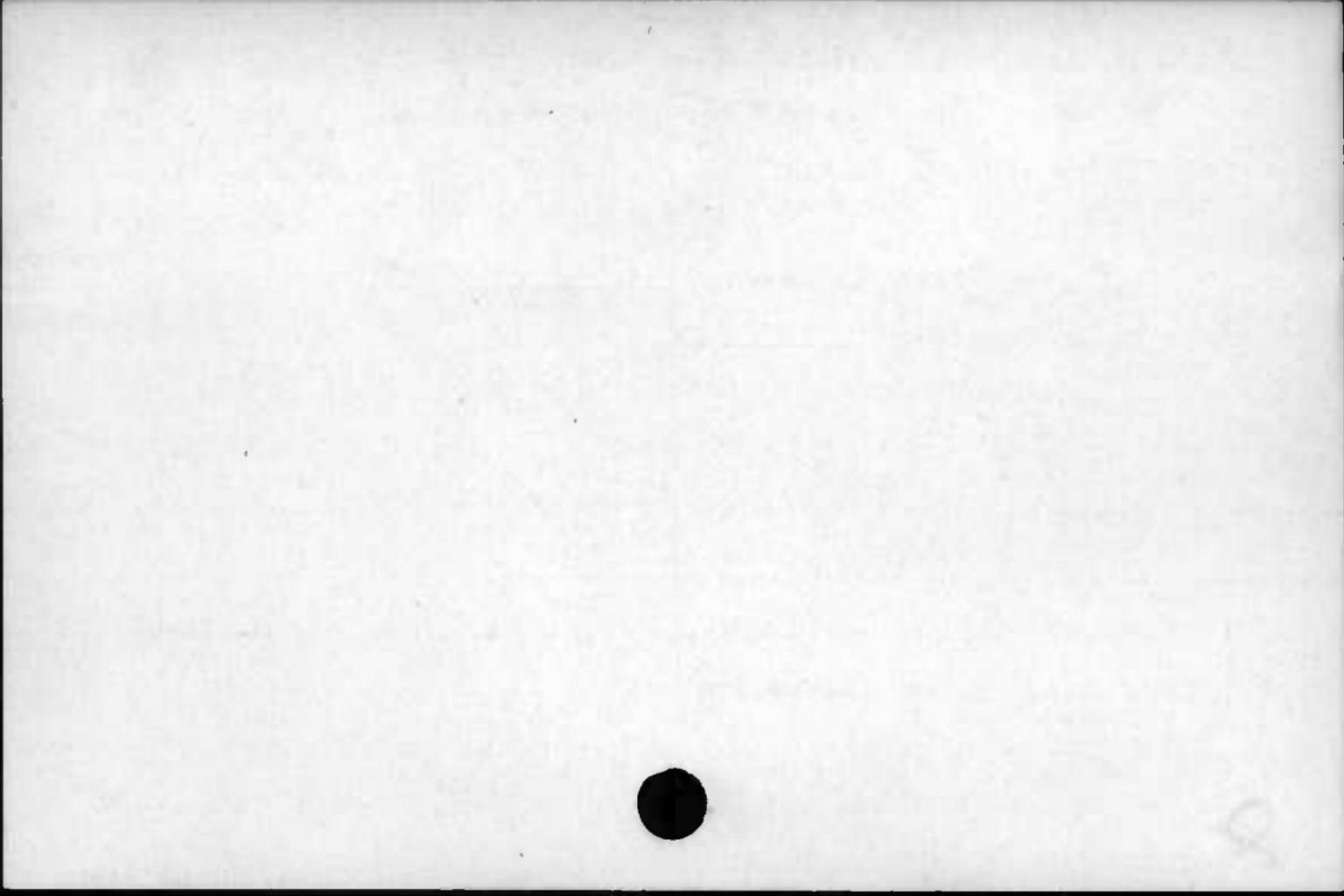
Signature of Physician

Address

Dr S Sparks
Cumberland Mo

STP Yes

Accident or Suicide?



Name
in
Full

Charles M. Brotemerke

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1906	Month Oct.	Day 31	Years 28	Months 9	Days
Sex	Male	Color or Race	White	Birth-place	Anne Arundel Co.	
Occupation	Lumber man.			Where Residing if not at place of death	-	
Married, Single or Widowed	Single	Name of Husband	-	Father's Birthplace	Md.	
Father's Name	Michael Brotemerke			Mother's Birthplace	Bedford Pa.	
Mother's Maiden Name	Lorraine Srinivas			How related to deceased	Brother	
Name of person giving information	Elsie Smith Brotemerke					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Typhoid Fever.



How long

10 ds.

Immediate

hemorrhage

How long

Are the name, age, sex, color, date and place correctly given above?

LOUIS STEIN

Signature of Physician

Address

Dr Thos Korn

Camden

Me.

LOUIS STEIN

Accident or Suicide?

8

10

9

11

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Thomas W. Cage

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death			—
Married, Single or Widowed	Name of Wife or Husband			—
Father's Name	Clinton E. Cage.			Mal
Mother's Maiden Name	Cleming Dunn			Abd
Name of person giving information	W. A. Brutley			Male

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

03

How long

3 1/2

Immediate

Convulsions

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

W. L. Walls

Address

S. Cumberland

LOMIE STAN

Accident or Suicide?

J

Sandy Hook W. Bo. ma.

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at <i>Cockhurst</i>		Town	County <i>Allegany</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Oct</i>	Day <i>16</i>	Age <i>6</i>	Years <i>6</i>	Months <i>9</i>	Days <i>3</i>
Sex <i>M.</i>	Color or Race <i>W.</i>	Birth-place <i>Cockhurst</i>				
Occupation —	Where Residing if not at place of death —					
Married, Single or Widowed —	Name of Wife or Husband —					
Father's Name <i>John Canan</i>	Father's Birthplace <i>Virginia</i>					Mother's Birthplace <i>Cockhurst</i>
Mother's Maiden Name <i>Ellen Feldman</i>	Mother's Birthplace <i>Cockhurst</i>					
Name of person giving Information <i>John Canan</i>	How related to deceased <i>son</i>					

CAUSES OF DEATH

Primary <i>Dysentery</i>	(14)	How long <i>About 3 weeks</i>
Immediate <i>Inxedemia + exhaustion</i>		How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. Cobey</i>	Address <i>First Street, Jr.</i>
Accident or Suicide? <i>No</i>		

PHYSICIAN
OR CORONER

John
Catt

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Died at	Lake	Town	Christy	County	MARYLAND	
Date of death	1906	Month	10	Day	Years	Months
Sex	Male	Color or Race	White	Age	54	Days
Occupation	Where Residing if not at place of death					Birth-place
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Robert Christy		Father's Birthplace			
Mother's Maiden Name			Mother's Birthplace			
Name of person giving information	A. H. Campbell		How related to deceased			

CAUSES OF DEATH

Primary

Scalded by Pulp & Paper Co.

How long

Immediate

Shock

How long

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

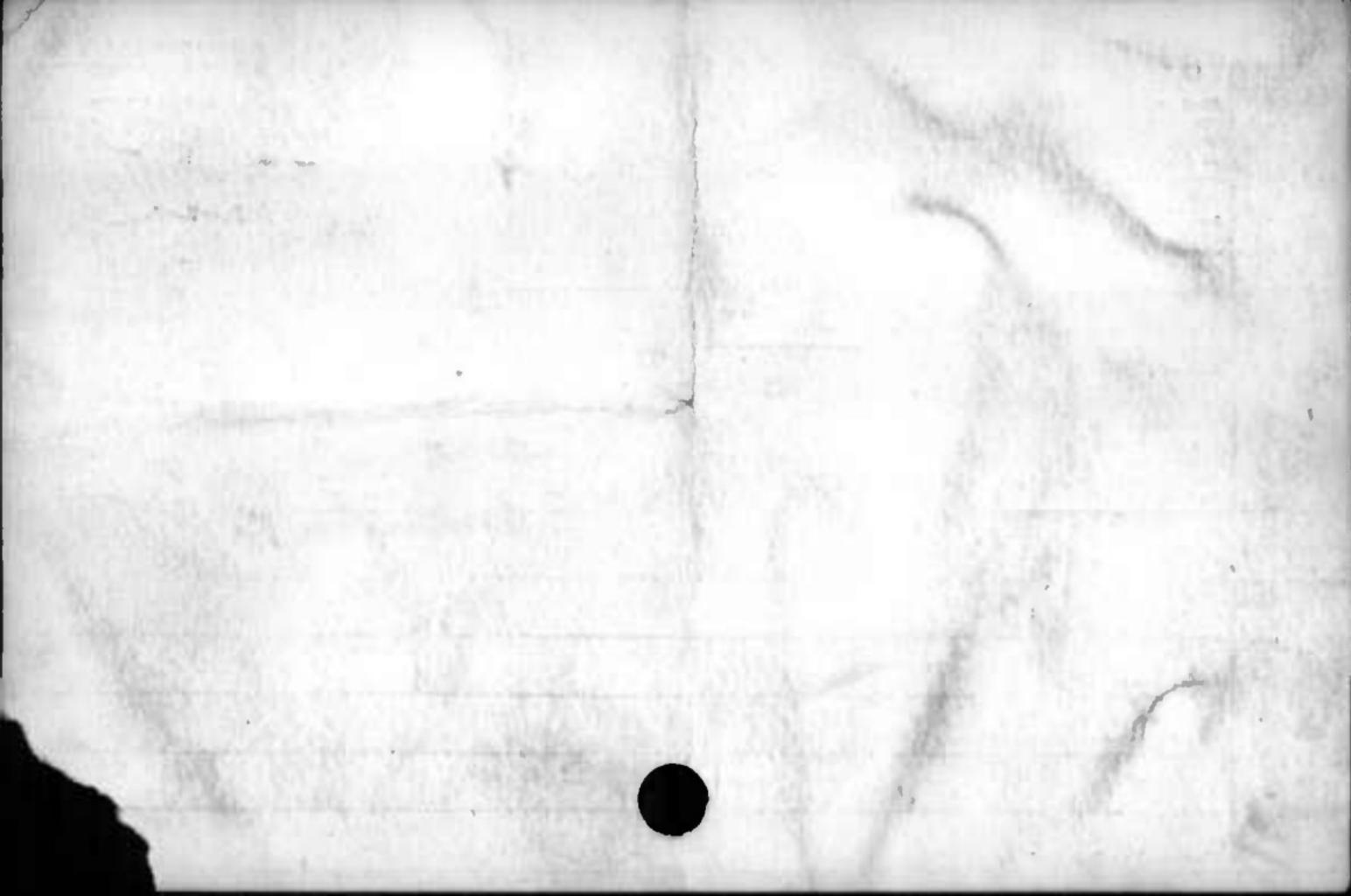
Address

Dr. W. D. Campbell

Piedmont

WVa

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

George Jayman Clue.

CERTIFICATE OF DEATH

Died at <i>Roseburg</i>		County <i>Allegany</i>		MARYLAND	
Date of death 190	Month <i>October</i>	Day <i>2.</i>	Years <i>3</i>	Months <i>5</i>	Days <i>20</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Occupation <i>Miner</i>			
Married, Single or Widowed <i>Married</i>					
Name of Wife or Husband <i>Jane Hause Clue</i>					
Father's Name <i>Alfred Clue</i>	Father's Birthplace <i>Ohio</i>				
Mother's Maiden Name <i>Mary Cluley</i>	Mother's Birthplace <i>Scotland</i>				
Name of person giving Information <i>Spencer Folk</i>	How related to deceased <i>Bathmate</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis

How long

3 years

Immediate

Heart Failure

How long

One week

Are the name, age, sex, color, date
and place correctly given above?

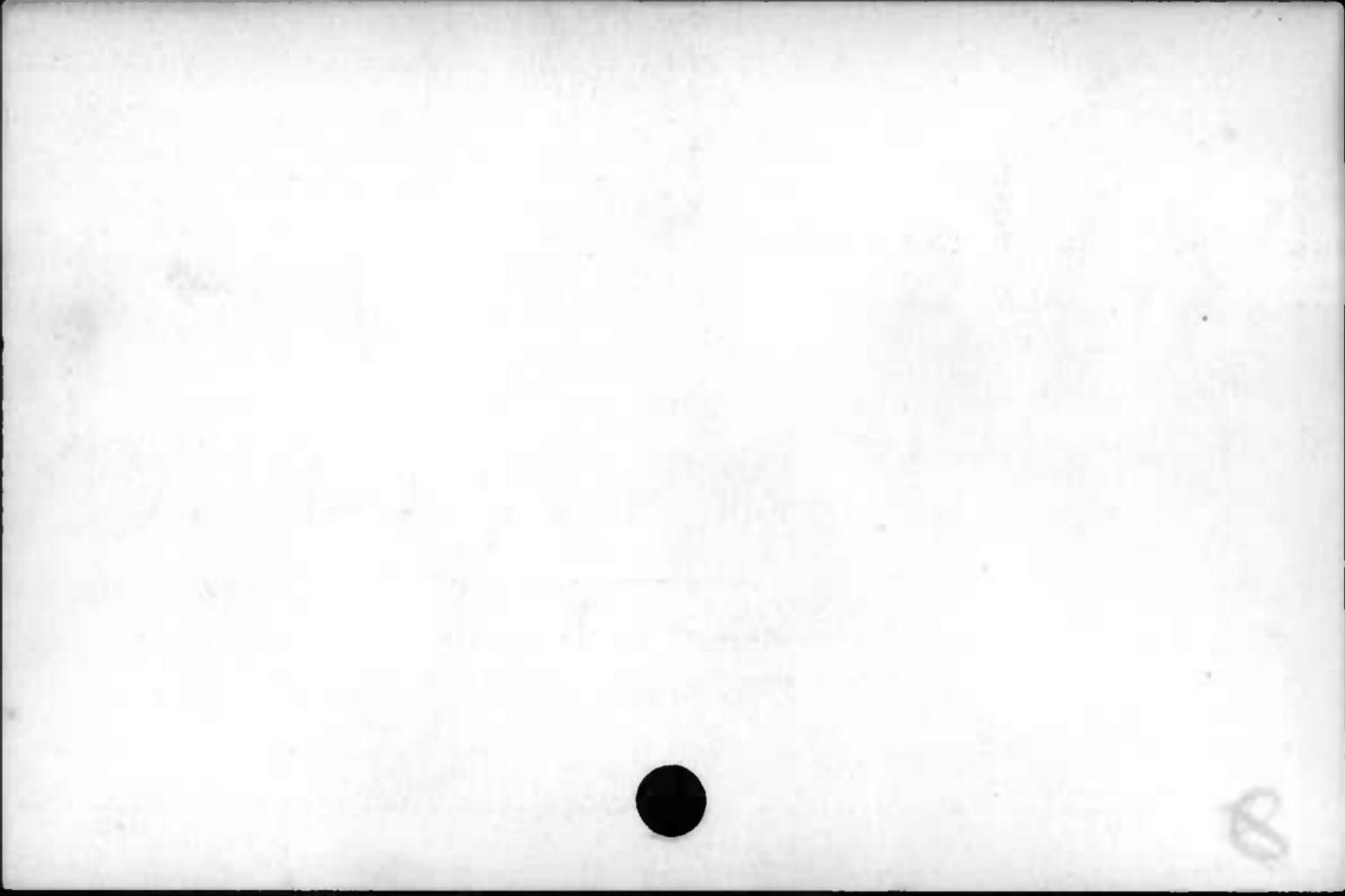
Signature of
Physician

Address

John A. Wittenberg
Frostburg



Accident or Suicide?



Name
in
Full

Walter Crawford

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not et place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	W. S. Crawford				
Mother's Maiden Name	Lillian Glick				
Name of person giving information	Mother				
Father's Birthplace					
Mother's Birthplace					
How related to deceased					

CAUSES OF DEATH

Primary

Malaria & Typhoid

How long

probably 2 mos.

Immediate

Exhaustive Anemia

How long

1 week

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

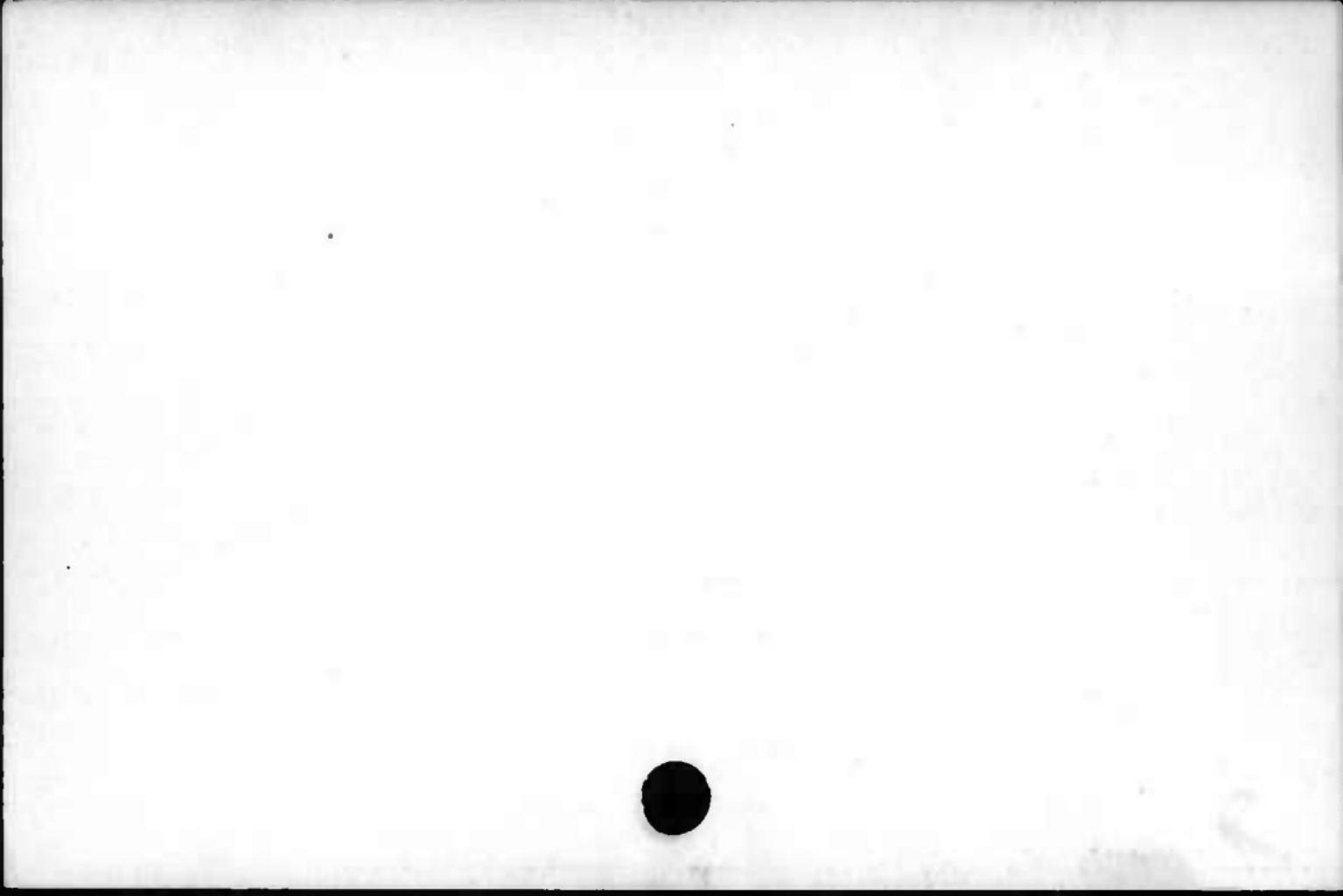
G. L. Bradford

Cumberland

MD

Accident or Suicide?

No



Name
in
Full

George Deaffinbaugh

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Westminst Md</u>		County <u>allegans</u>		MARYLAND		
Date of death <u>1906</u>	Month <u>october</u>	Day <u>4th</u>	Age <u>X</u>	Years <u>X</u>	Months <u>X</u>	Days <u>X</u>
Sex <u>White</u>	Color or Race <u>X</u>		Birth-place			
Occupation <u>Miner</u>	Where Residing if not at place of death <u>Petkin Md</u>					
Married, Single or Widowed	Name of wife or Husband					
Father's Name	<u>X</u>			Father's Birthplace <u>X</u>		
Mother's Maiden Name	<u>X</u>			Mother's Birthplace <u>X</u>		
Name of person giving information <u>J Hoban</u>				How related to deceased <u>none</u>		

CAUSES OF DEATH

Primary accidental drowning

How long 112

How long

PHYSICIAN
OR CORONER

Immediate

Are the name, age, sex, color, date and place correctly given above?

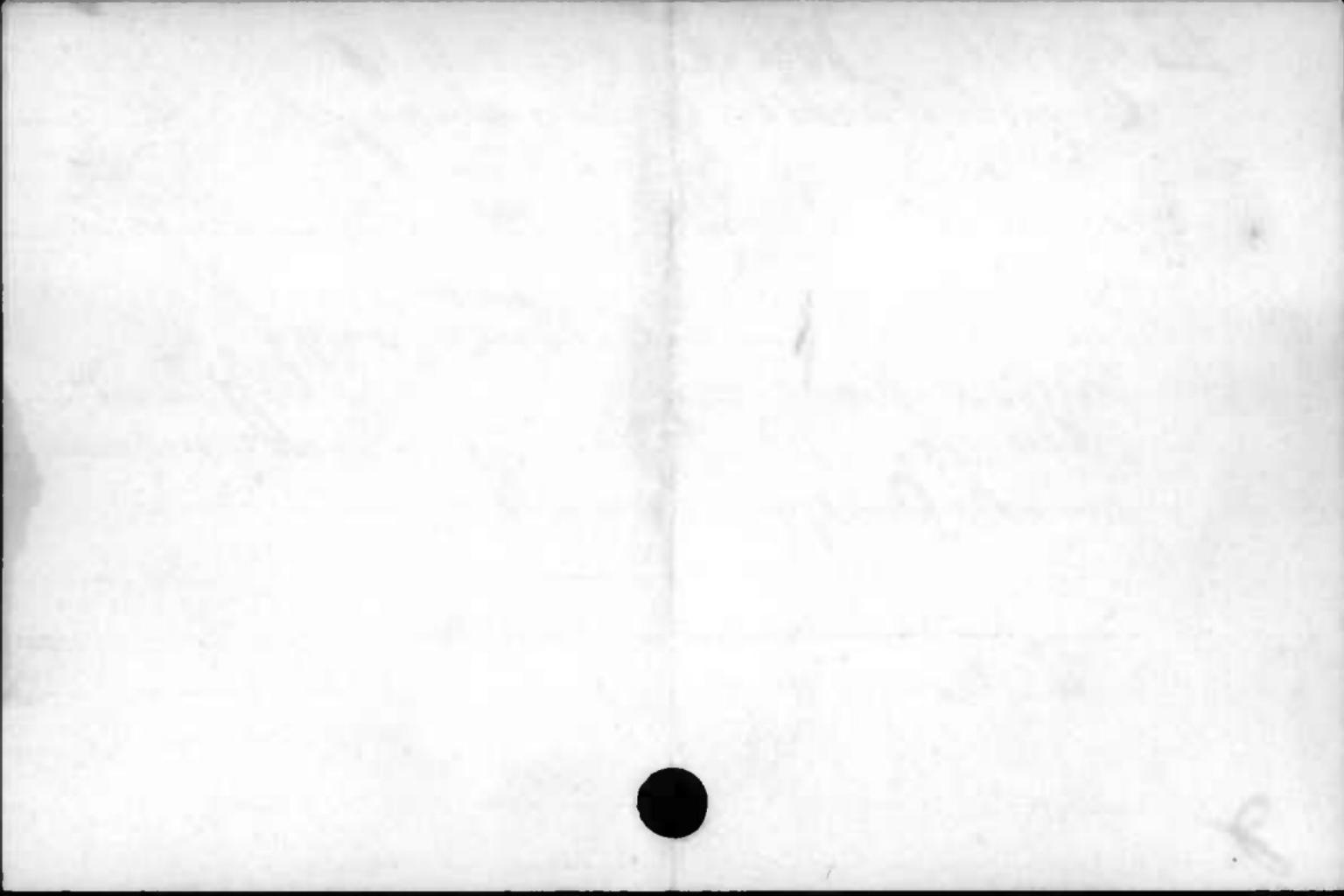
Yes

Signature of Physician

Address

G H. Marz Coroner
Baltimore Md

Accident or Suicide?



Name
in
Full

Emma Dennenbaugh

CERTIFICATE OF DEATH

BE ANSWERED BY
NEAREST FRIEND

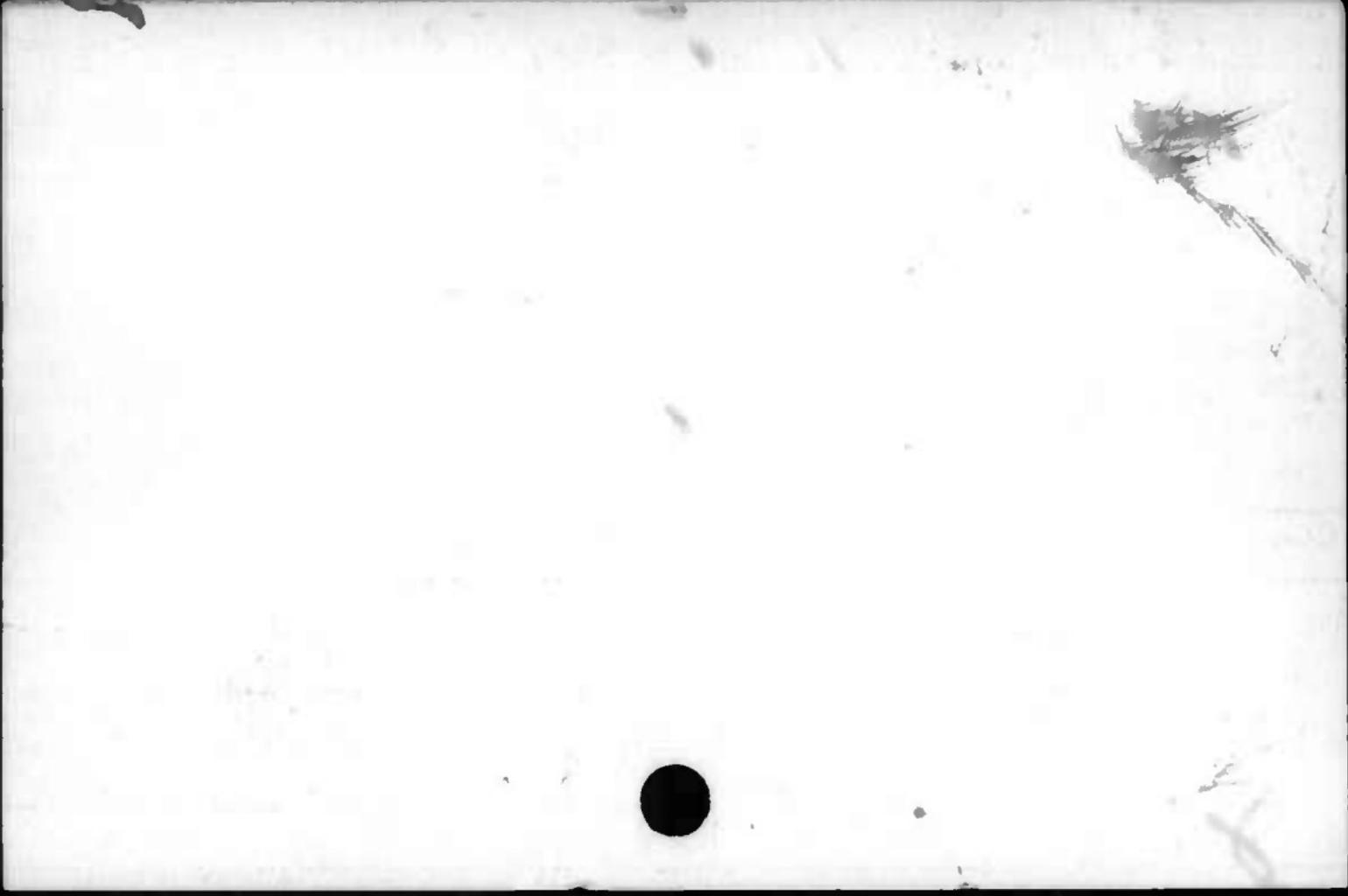
BUT NOT TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
1906	10	5	22
Sex	Color or Race	Age	Months
Female	White	22	-
Occupation	Where Residing if not at place of death	Birth-place	Days
Married, Single or Widowed	Name of Wife or Husband	R.O. Dennenbaugh	
Father's Name	James Requedy	Father's Birthplace	Old Town
Mother's Maiden Name	Annie Mertz	Mother's Birthplace	Henderson
Name of person giving information	R.O. Dennenbaugh	How related to deceased	

CAUSES OF DEATH

Primary	Tuberculosis Pulmonary	
Immediate	Exhaustion	
Are the name, age, sex, color, date and place correctly given above?	Yea	Signature of Physician
		Address
Accident or Suicide?	negated	



Name
in
Full

Joseph England

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Town	County	MARYLAND		
Died at	Emmetsburg	age	2	Years
Date of death	1906 Oct.	Day	8	Month
Sex	Male	Color or Race	White	Birth-place
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	B.F. England			
Mother's Maiden Name	Sarah B. Shaver			
Name of person giving information	Sarah England			
Father's Birthplace	Pa			
Mother's Birthplace	Emmetsburg			
How related to deceased	Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Scarlet fever

How long

3 days

Immediate

Brain fever

How long

24 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

G. G. Barkdull

Address

Cumberland
Md



Accident or Suicide?

48 Potomac St.

Name
in
Full

Emma Gertrude Fochtmann

CERTIFICATE OF DEATH

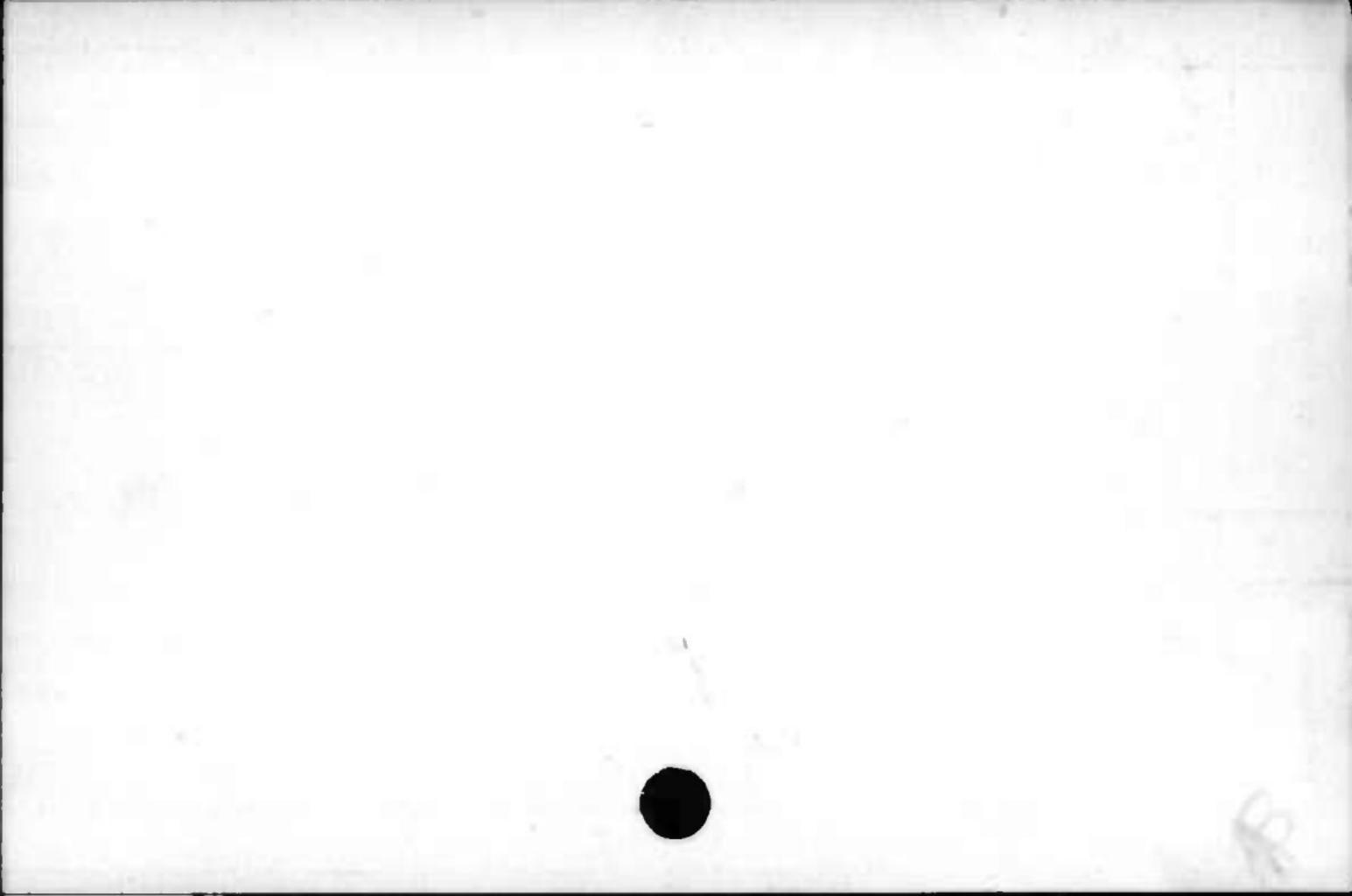
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1906	Oct	20	18 -	-	
Sex	Color or Race	Wife	Birth-place		
Female			Cumberland		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Single	-				
Father's Name	Henry Smith Fochtmann			Father's Birthplace	Sept Father Cumberland
Mother's Maiden Name	Annie Fox			Mother's Birthplace	Va.
Name of person giving information	Mrs. Annie Smith			How related to deceased	Mother

CAUSES OF DEATH

Primary	Typhoid fever	(1)	How long	31 days
Immediate	Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Dr. F. W. Fochtmann
		LOUIS STEIN	Address	Cumberland Md.
Accident or Suicide?				

PHYSICIAN
OR CORONER



Name
in
Full

Henry Fontan

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Emmets	Accomack			
Date of death	Month	Day	Years	Months	Days
1906	OCT	13	24	-	-
Sex	Male	Color or Race	White	Birth-place	
Occupation	Bar Tender	Where Residing if not at place of death		New Orleans.	
Married, Single or Widowed	Single	Name of Wife or Husband	-		
Father's Name	David.			Father's Birthplace	
Mother's Maiden Name	Mary Lacombe.			Mother's Birthplace	France.
Name of person giving information	Lewis Fontan			How related to deceased	Brother
CAUSES OF DEATH					
Primary	+ killed by bears, accident			66	How long
Immediate					How long

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

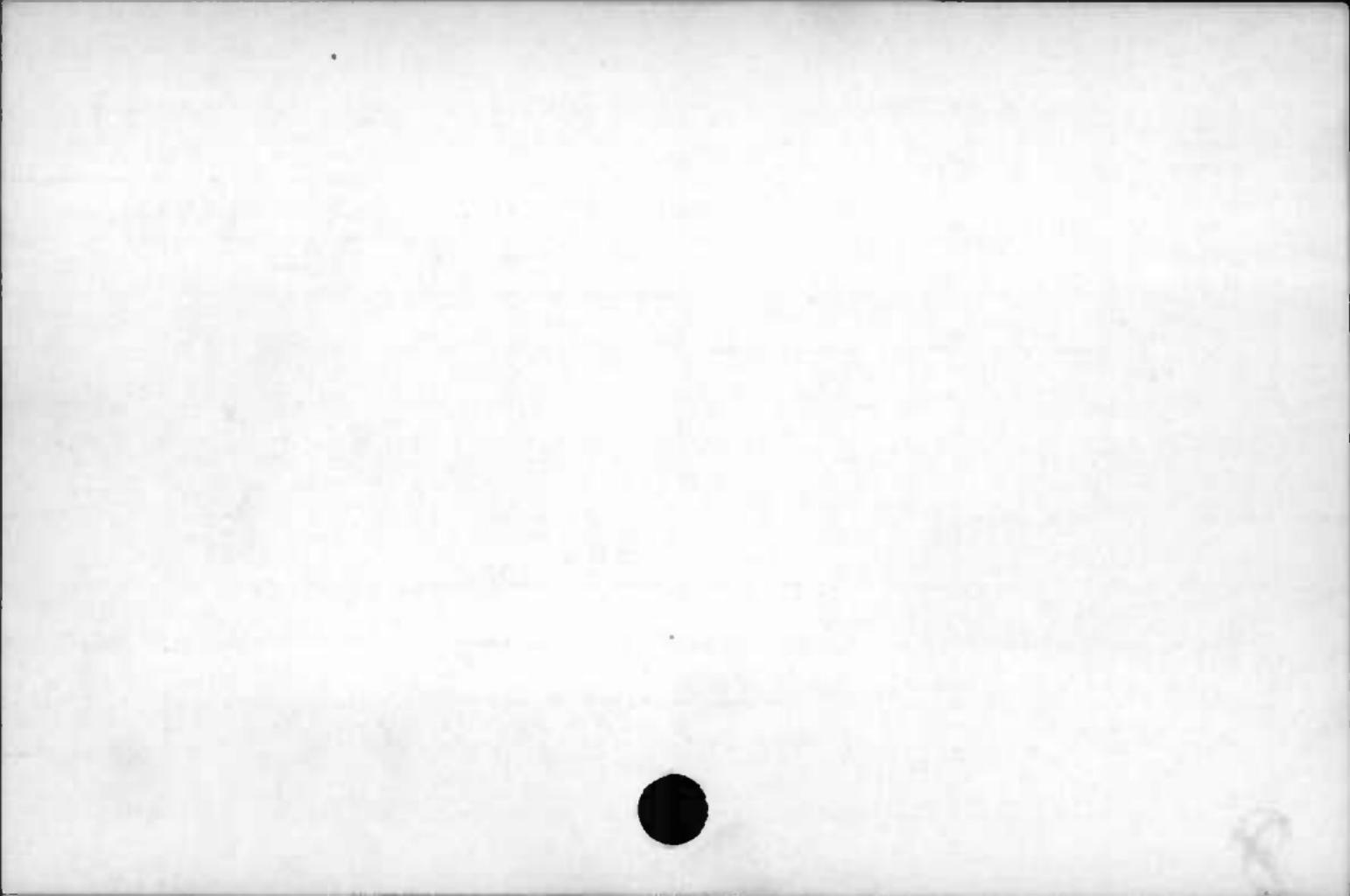
Address

G.H. Mary Coroner
Cumberland

LOUIS STEIN.

Accident or Suicide?

S



Name
in
Full

Celia Mary Frank

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Morantown	allegany				
Date of death	Month	Day	Years	Months	Days
1906	Oct.	5	1	8	17
Sex	Female	Color or Race	Italian	Birth-place	Barton
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Peter Frank.				
Mother's Maiden Name	Rowena Francescotti				
Name of person giving Information	Peter Frank.				

PHYSICIAN
OR CORONER

Primary

Scald

CAUSES OF DEATH

(16)

How long

15-

Immediate

Slrick.

How long

5-

Are the name, age, sex, color, date and place correctly given above?

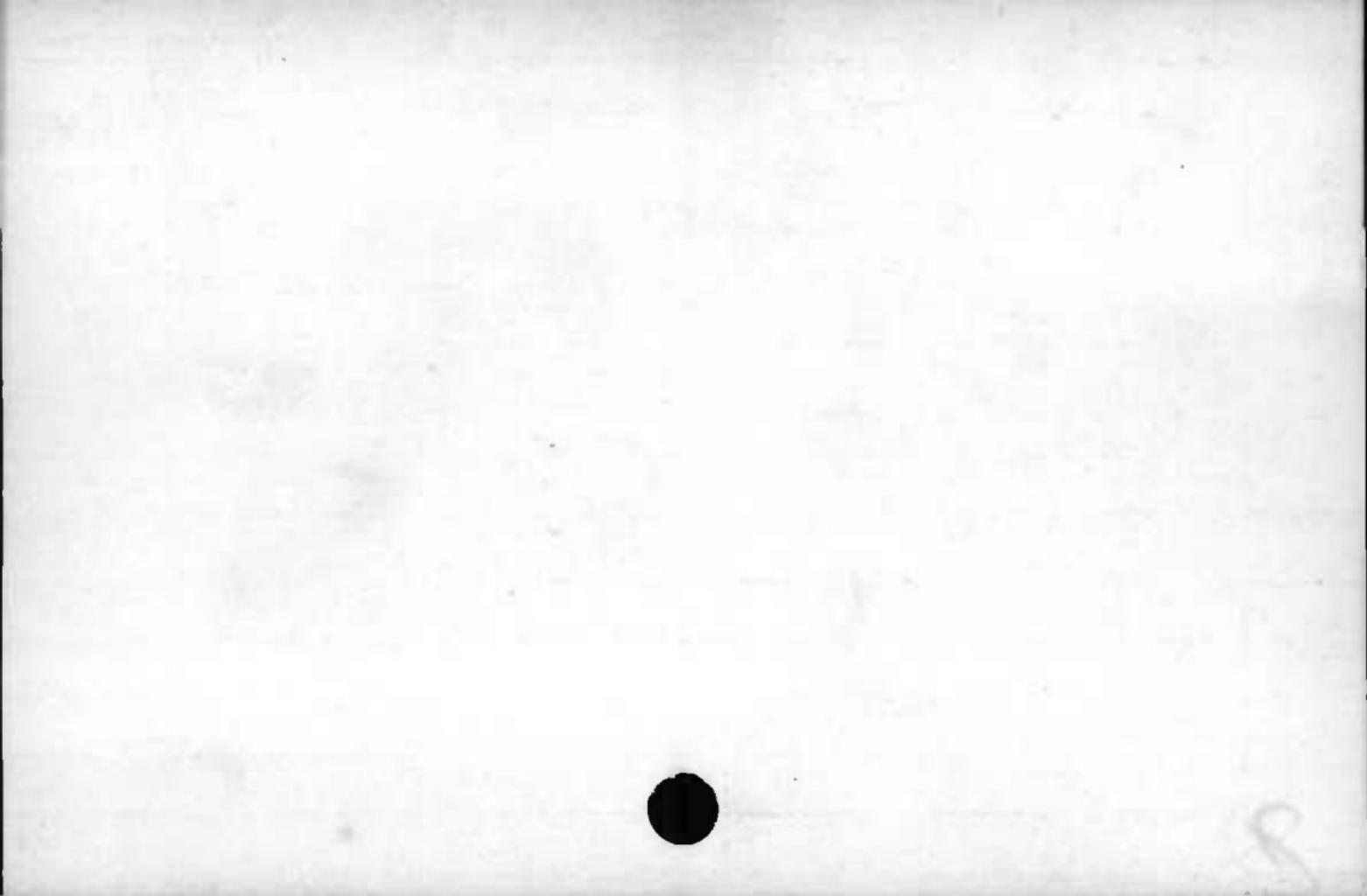
yes.

Signature of Physician

Address

Newton J. Dan
Mt. Savage,
Md.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

J. E. Goodwin
Town
Died at Cumberland
County
allegany

CERTIFICATE OF DEATH

MARYLAND

Date of death	Month	Day	Years	Months	Days
1906	OCT	3	21		

Sex Male	Color or Race White	Birth- place
-------------	---------------------------	-----------------

Occupation	Where Residing If not at place of death
------------	--

Married, Single or Widowed	Name of Wife or Husband
-------------------------------	----------------------------

Father's Name	Father's Birthplace
------------------	------------------------

Mother's Maiden Name	Mother's Birthplace
-------------------------	------------------------

Name of person giving Information	How related to deceased
--------------------------------------	----------------------------

CAUSES OF DEATH

Primary	Pulmonary Tuberculosis	How long	Six months
Immediate	Exhaustion	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	W. R. Hodges
		Address	Cumberland

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Still born child of John Grindell

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death 1906	Month 10	Day 1	Years	Months	Days
Sex N.	Color or Race N.	Birth-place Md			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	John E. Grindell				
Mother's Maiden Name	Mahalaina Ferment				
Name of person giving information	How related to deceased				

CAUSES OF DEATH

Primary

Still born

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

R. W. M. Lane
Frostburg Md

Accident or Suicide?

770
alley

Name
in
Full

Christina Fisher Hadley

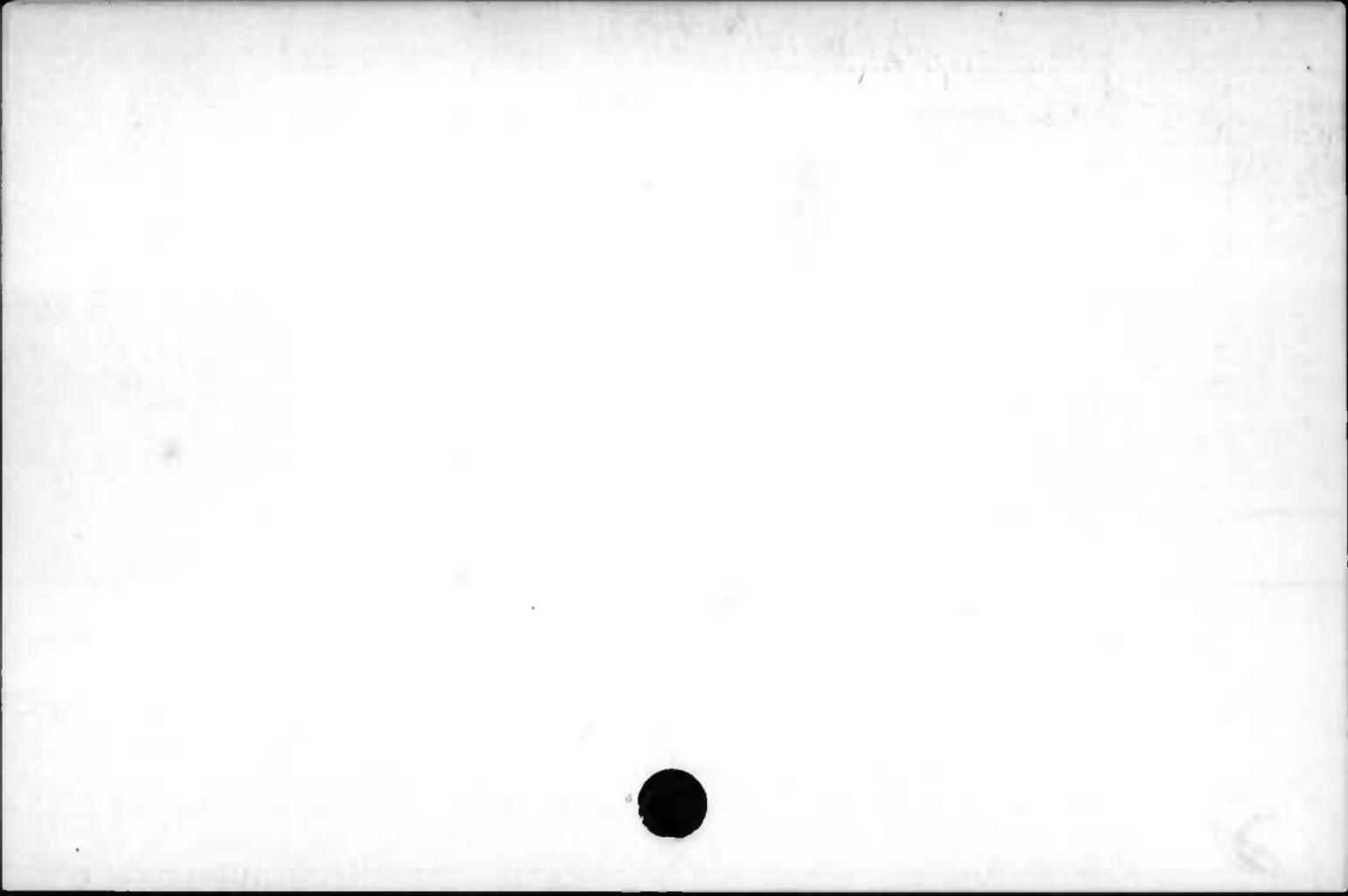
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Age	Years	Months	Days	
1906	Oct	5	43		4	7	
Sex	Female	Color or Race	Adults		Birth-place	Lonaconing	
Occupation	Homemaker		Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Geo. Hadley		Father's Birthplace	Scotland	
Father's Name	John Fisher				Mother's Birthplace	Scotland	
Mother's Maiden Name	Mary Craig				How related to deceased	Husband	
Name of person giving Information	Geo. Hadley						

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Chronic Intestinal Inflammation	How long	3 years
	Immediate	Hæmorrhage	How long	3 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Henry S. Rodger M.D.	
		Address	Lonaconing, Md.	
Accident or Suicide?				



Name
in
Full

Adam Eaton Hitchins

CERTIFICATE OF DEATH

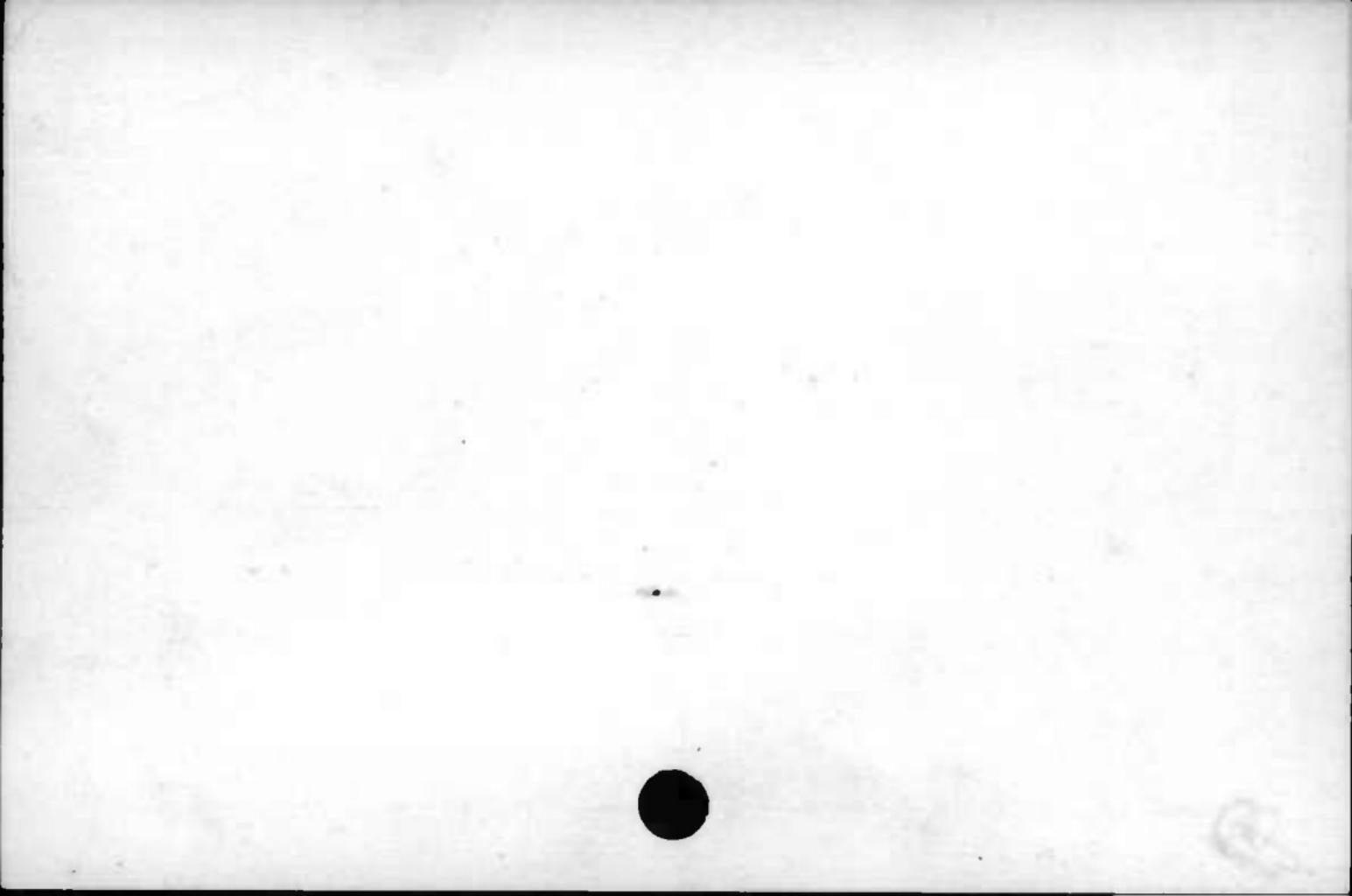
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	73	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	married	martha. Hitchins	home
Father's Name	John Hitchins			
Mother's Maiden Name	Anna Eaton			
Name of person giving Information	Howard Hitchins			
Father's Birthplace	South Wales			
Mother's Birthplace	South Wales			
How related to deceased	Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	cardiac sclerosis	
Immediate	cardiac Failure	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician
		Thomas J. D'Alessio
	Address	Frostburg, Maryland
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1906	Month 10	Day 4	Years Age	Months	Days 14
Sex	male	Color or Race	white	Birth- place	Frederick	
Occupation	—	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband	—	Father's Name	Geo. Lucks	
Mother's Maiden Name	Maey	McKenzie	—	Father's Birthplace	Md	
Name of person giving Information	G.W. Lucks	How related to deceased	Mother's Birthplace	Md		
		father				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Shantion	(51)	How long	14 days
Immediate	4		How long	4 "
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. M. Liver Frederick Md	
		Address		
Accident or Suicide?				

Gow
Alley

Name
in
Full

Khas. Latzor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	-	5-	15-	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	John. Latzic					Father's Birthplace Hungary
Mother's Maiden Name	Mary. Latzic					Mother's Birthplace Hungary
Name of person giving Information	John Latzic					How related to deceased Father

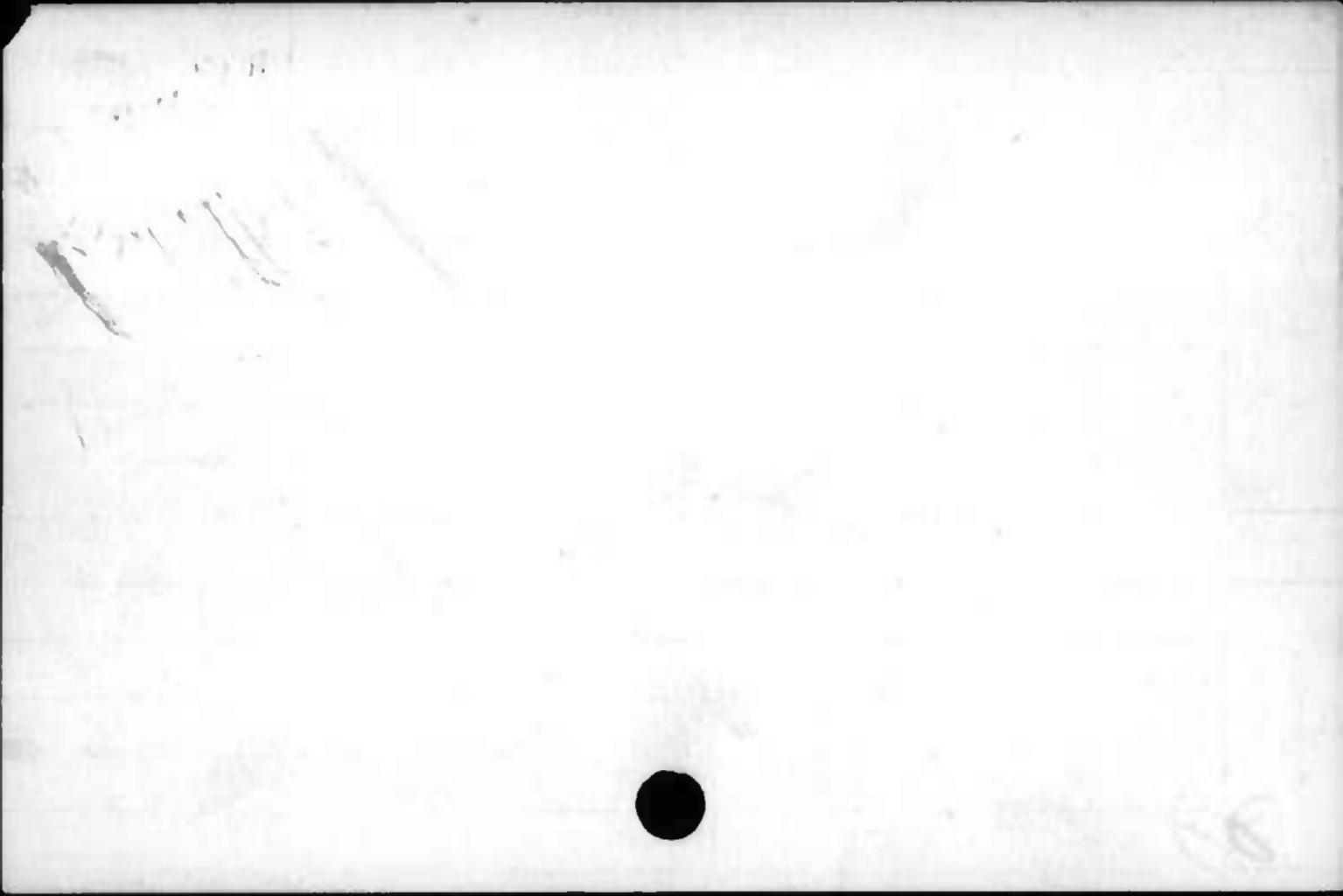
Kalbaugh

CAUSES OF DEATH

Primary	Acute Endocarditis		How long 2-3 days
Immediate	Endocarditis		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	28 Kalbaugh
Yes		Address	Piedmont Hpt
Accident or Suicide?			Hpt

PHYSICIAN OR CORONER

DR



Name
in
Full

Bernetta F. Lichliter (Fuller)

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1906	Month 10	Day 25	Age 21	Years	Months
Sex Female	Color or Race White	Birth-place Cumberland	Days		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Single		Benz Fear Fuller -		Father's Birthplace Somerset Co.
Mother's Maiden Name	Annie Morris				Mother's Birthplace " " " "
Name of person giving information	How related to deceased				
Hans Lichliter - Nichte -					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Tuberculosis  How long 2 yrs

Immediate Throat, air How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Rev. W. Frost

Cumberland

Mo!

Accident or Suicide?

Dr. Kuhne

Name
in
Full

Liber

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Died at	Frostburg	Allegany	Months	Days
Date of death	1906	Month 10	Day 20	Years 6
Sex	female	Color or Race	Winter	Birth-place
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Sayler	Name of Wife or Husband	—	
Father's Name	Cleas. Liber			
Mother's Maiden Name	Liber			
Name of person giving information	H. M. Myers			

CAUSES OF DEATH

Primary	Suffocation	(9)	How long	10 days
Immediate	Heart paroxysm		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. M. Dier	
		Address		
Accident or Suicide?				

Green

Alley

Name
in
Full

Horace Edward - Child of Jos. E. Fogdon

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Eeklak	Allegany		
Date of death	Month	Day	Years Months Days
1906	10	22	Age 20
Sex	Color or Race	Birth-place	
Female	White	Eeklak Md	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Singl	-	Wife	
Father's Name	Father's Birthplace		
Jos. E. Fogdon	(Md)		
Mother's Maiden Name	Mother's Birthplace		
Lorraine K. Richards	(Md)		
Name of person giving information	How related to deceased		
Jos. E. Fogdon	father		

CAUSES OF DEATH

Primary

Cystic Liver 95 days

How long

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

R. W. Cornwall
Eeklak Md

PHYSICIAN
OR CORONER

8

Accident or Suicide?

Gret
Pater

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Logsdon				CERTIFICATE OF DEATH		
Died at	Town	County				
Barton		Allegheny	MARYLAND			
Date of death 1906	Month Oct	Day 15	Age	Years	Months	Days
Sex Male	Color or Race	white	Birth-place	Barton Md		
Married, Single or Widowed			Occupation			
✓			✓			
Name of Wife or Husband	✓					
Father's Name	James Logsdon		Father's Birthplace	Allegh Co		
Mother's Maiden Name	Ellen Kirk		Mother's Birthplace	Allegh Co		
Name of person giving information	✓		How related to deceased	✓		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Still Birth

How long

✓

Immediate

How long

✓

Are the name, age, sex, color, date and place correctly given above?

yes

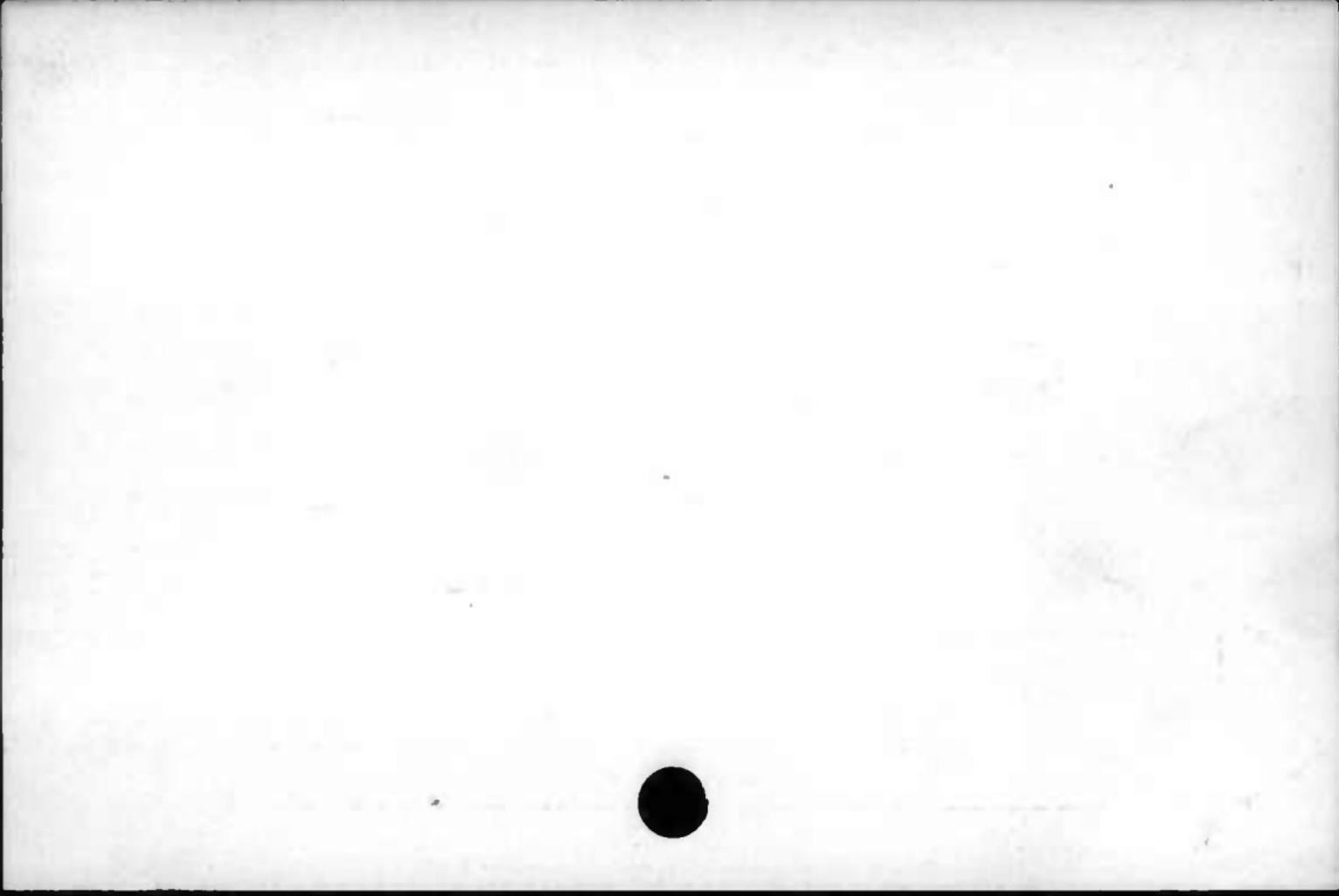
Signature of Physician

Address

J. A. Boncher

Barton

Accident or Suicide?



TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Elsie O. Long

Town

County

MARYLAND

Died at Cummertsd.

Accoyer

Date of death 1906 Month Oct.

Day 27

Years 28

Months

Days

Age

Sex Female

Color or Race

White

Birth-place

W. Va.

Occupation

Wife

Where Residing if not
at place of death

-

Married, Single
or Widowed

married

Name of Husband

of S Long

Father's Name

H. A. Dease.

Father's Birthplace

Mother's Maiden Name

Dease.

Mother's Birthplace

Name of person giving
Information

John S Long

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Consumption

How long

8 months

Immediate

Exhaustion

21

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

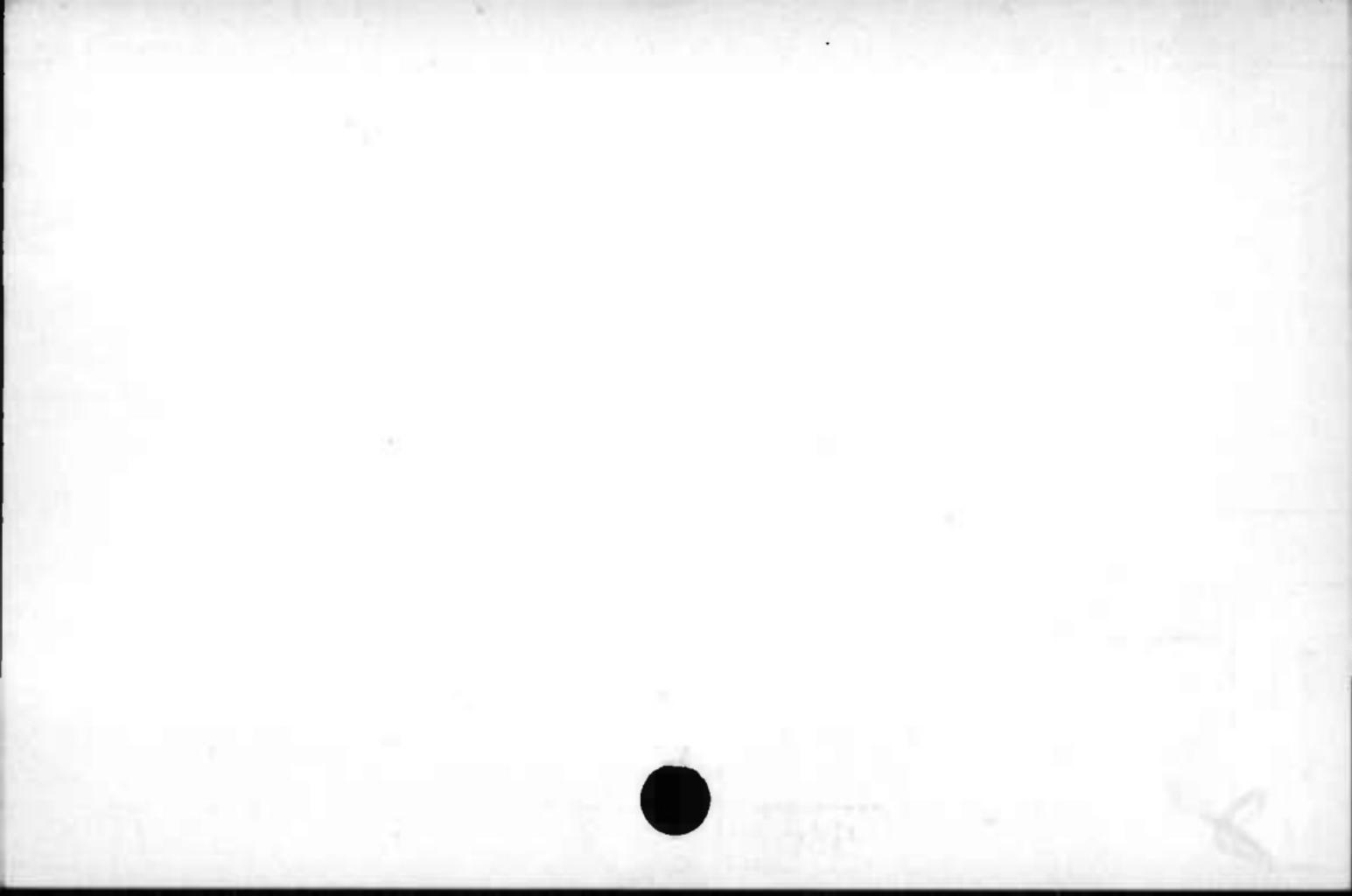
Address

E B Claybrook M.D.

Cummertsd and rd

Wife

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

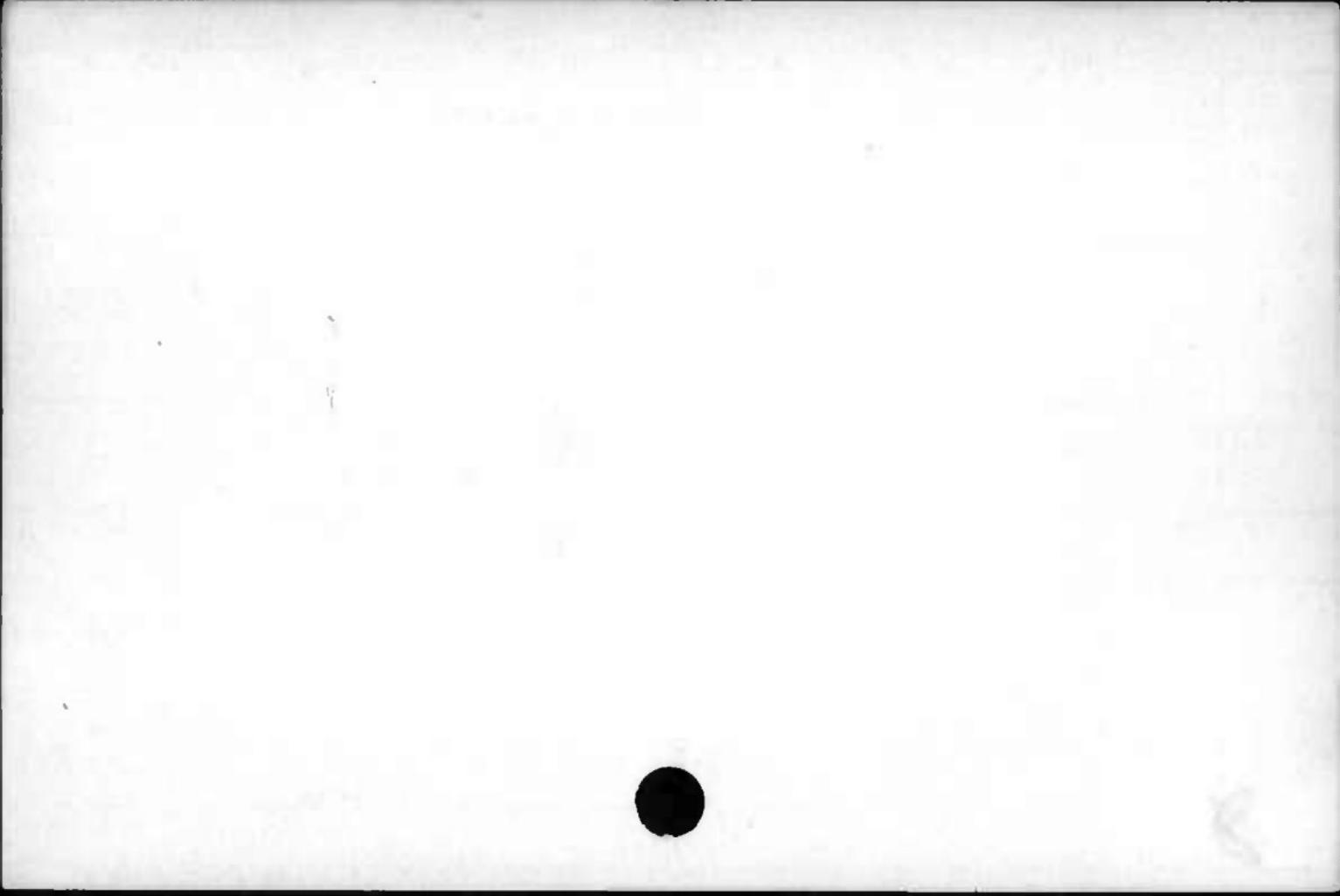
CERTIFICATE OF DEATH

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Age	Years	Months	Days
Sex	Color or Race	Birth-place				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Married	Name of Wife or Husband	Father's Birthplace	Ireland		
Father's Name	John Lynch		Mother's Birthplace	Ireland		
Mother's Maiden Name	Unknown		How related to deceased	Wife		
Name of person giving Information	Mrs. John Lynch					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Intestinal Obstruction	How long	Several years
Immediate	Spleen	How long	24 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Henry S. Hodgson
		Address	200 W. Washington St.
Accident or Suicide?			

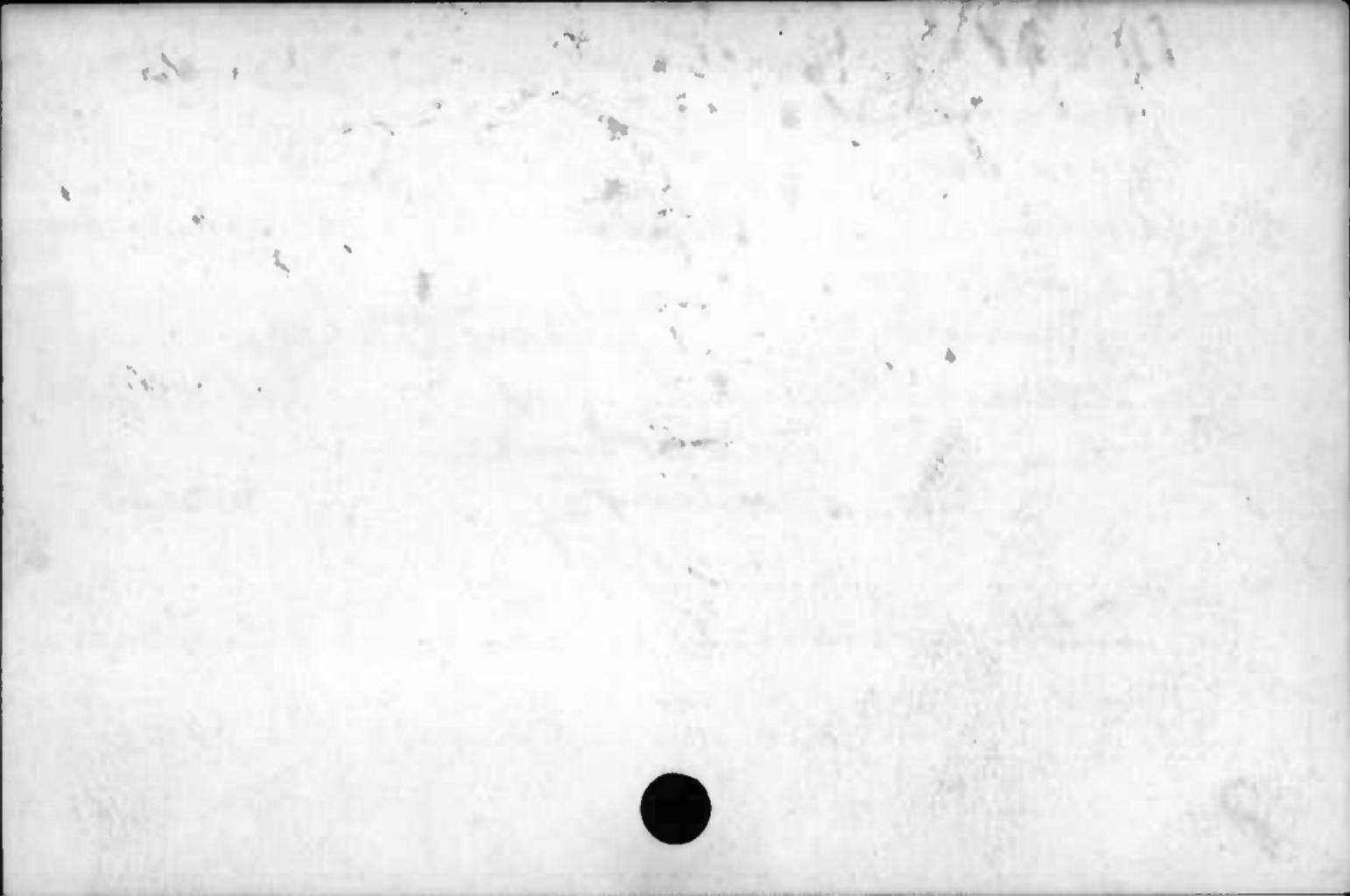


Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

David F. Beckwith				CERTIFICATE OF DEATH		
Died at		Town	County	MARYLAND		
Date of death	1906	Month Oct	Day 3	Age 30	Years	Months Days
Sex	Male	Color or Race	white	Birth-place	Cumberland	
Occupation	Cooper			Where Residing if not at place of death	Cumberland	
Married, Single Widowed				Name of Wife or Husband		
Father's Name				Father's Birthplace		
Mother's Maiden Name				Mother's Birthplace		
Name of person giving Information	William Fisher			How related to deceased		

		CAUSES OF DEATH	
PHYSICIAN OR CORONER	Primary	Paresis	6
	Immediate	Exhaustion	gas
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	T. F. Fisher
		Address	Cumberland MD
Accident or Suicide?			



Name
in
Full

John Michael Martingay

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Ellen Duly			
Father's Name	Francis Maryland				
Mother's Maiden Name	Dorothy				
Name of person giving information	J. J. Martingay				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Hypertension

(20)

How long

17 hr

Immediate

Cardiac Syncope

How long
2 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

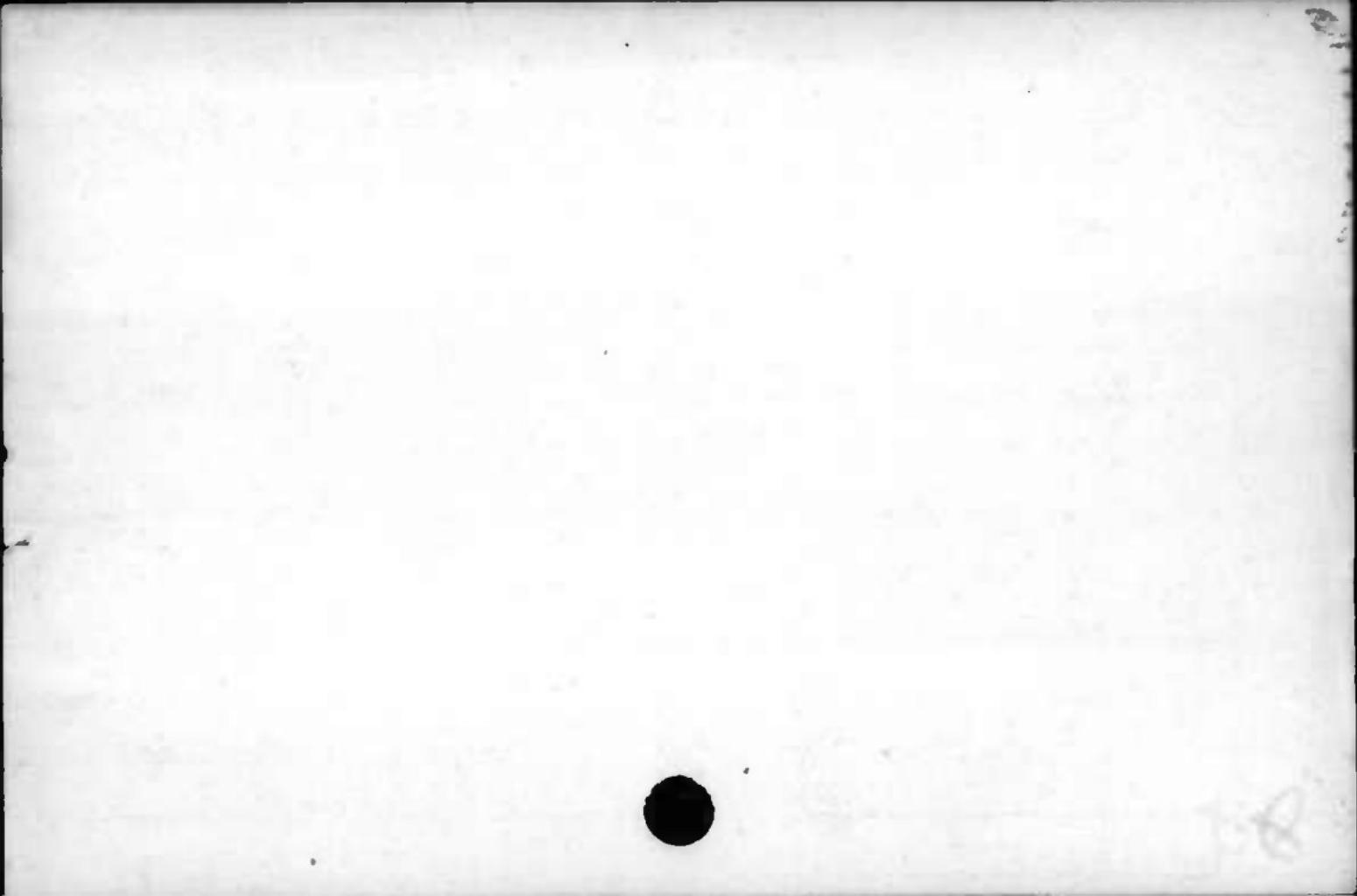
Edward Qualls M.D.

Address

Mr. Savage, Md.



Accident or Suicide?



Name
In
Full

To BE ANSWERED BY
NEAREST FRIEND

infant - George Mehlbeck				CERTIFICATE OF DEATH			
Town				County			
Died at	Carroll	Month		County	Maryland		
Date of death	1906 Oct.	Day	21	Age	—	Months	Days
Sex	Female	Color or Race	White	Birth-place			
Occupation	—	Where Residing if not et place of death			—		
Married, Single or Widowed	—	Name of Wife or Husband			—		
Father's Name	George Mehlbeck			Father's Birthplace	Carroll		
Mother's Maiden Name	Mary J. Dohle			Mother's Birthplace	Cumberland		
Name of person giving information	George Mehlbeck			How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Premature Delivery

How long

Immediate

"

"

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

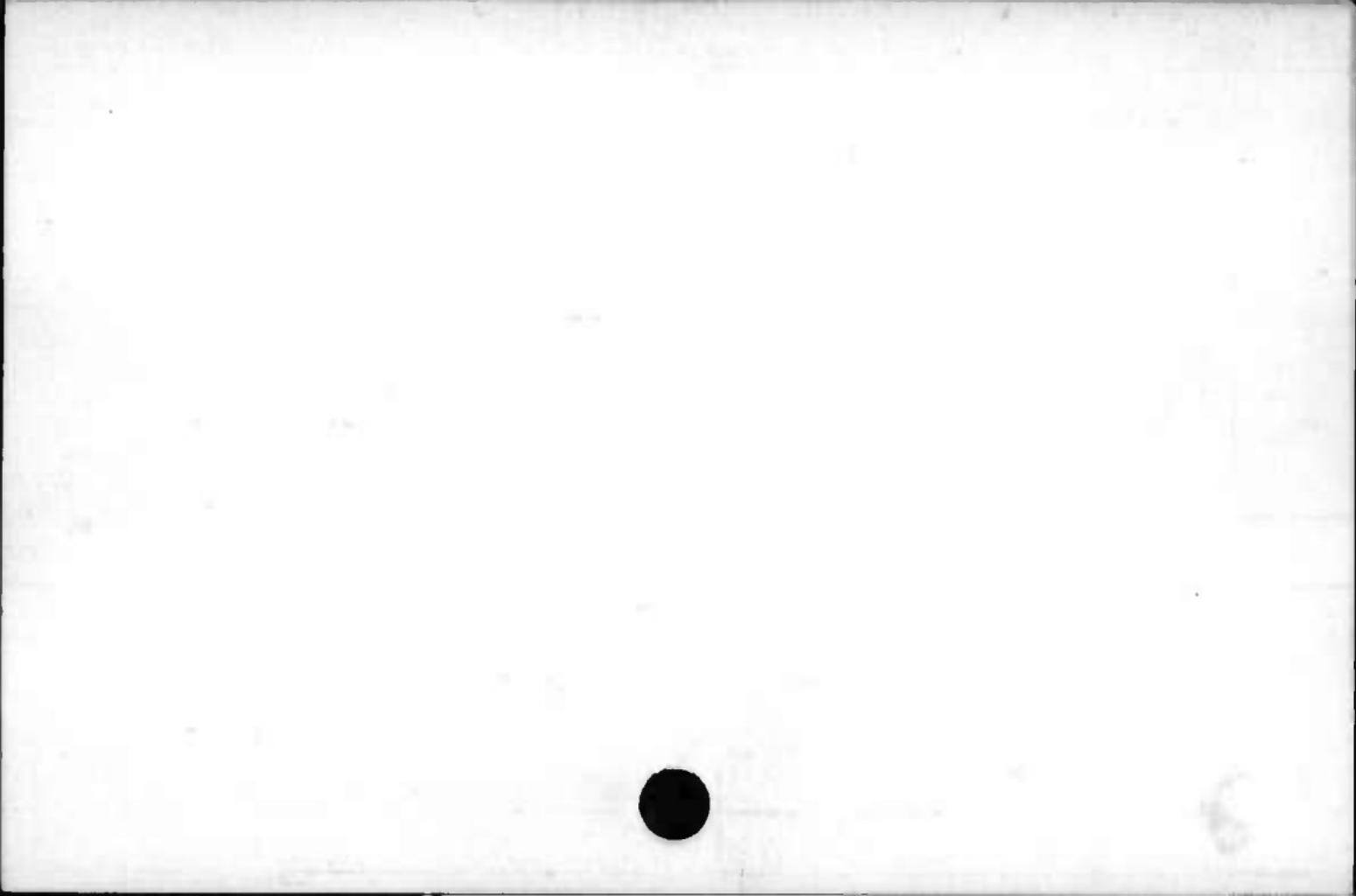
LOUIS STEIN.

Dr E. B. Claybrook

Cumberland
Md.

J

Accident or Suicide?



Name
in
Full

Elizabeth Morgan

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	—	—	—
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	—			
Father's Name	A. M. Morgan			Father's Birthplace	Wed
Mother's Maiden Name	Lizzie Morgan			Mother's Birthplace	Wed.
Name of person giving information	Morgan			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Huntington		How long	1 week
Immediate	4		How long	1 week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. R. White	
		Address	National Red.	
Accident or Suicide?				

John

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Daniel Morrissey

CERTIFICATE OF DEATH

MARYLAND

Died at Town County
Cumberland Allegany

Date Month Day Years Months Days
of death 1906 Oct. 3 25

Sex Male Color or Birth-place
Race White Cumberland

Occupation Painter Where Residing if not
et place of death

Married, Single Name of Wife or
or Widowed Husband Leibia Wilcox

Father's Name Father's Birthplace

Mother's Maiden Name Iceland

Name of person giving Information How related
to deceased Sister

CAUSES OF DEATH

Primary Typhoid Fever
How long 27 days

Immediate Meningitis
How long 8 "

Are the name, age, sex, color, date
and place correctly given above?

Yes Signature of Physician
Address

Dr. J. J. Wilson

Cumberland

Md.

Accident or Suicide? LOUIS STEIN.

Mosier

mother - wife + child
203rd - Michael J.
, Sister John W.

Mary Maguire

Name
in
Full

John Mullin Sr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Months Days
1906	Oct	7	7
Age	Years		
Sex	Color or Race	Birth place	
Male	White	Ireland	
Occupation	Where Residing if not et place of death		
Miner	Cuthbert Home		
Married, Single or Widowed	Name of Wife	Father's Birthplace	Ireland
Married	Hannah		
Father's Name	John Mullin	Mother's Birthplace	
Mother's Maiden Name	Amy Beck		
Name of person giving information	John B. Mullin	How related to deceased	Son-in-law

PHYSICIAN
OR CORONER

Q

Primary

Chronic Nephritis

20

How long

One year

Immediate

Wm. C. Corbin

How long

Suddenly

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

W. Q. Skilling M.D.

Baltimore

Accident or Suicide?

No.



Name
in
Full

Richard Myers

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1906	Month Oct	Day 11	Years 29	Months	Days	
Sex	Male	Color or Race	Black		Birth-place	Cumberland	
Occupation	Labor		Where Residing if not at place of death		8 Fruit St		
Married, Single or Widowed	Married	Name of Wife or Husband	Nora Myers		Father's Birthplace	Cumberland	
Father's Name	Charles Myers				Mother's Birthplace		
Mother's Maiden Name	Rosie Wilson				How related to deceased	Wife	
Name of person giving information	Nora Myers						

CAUSES OF DEATH

Primary

Carbolic acid poisoning

How long

immediate

How long

"

Immediate

Shock

✓
PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

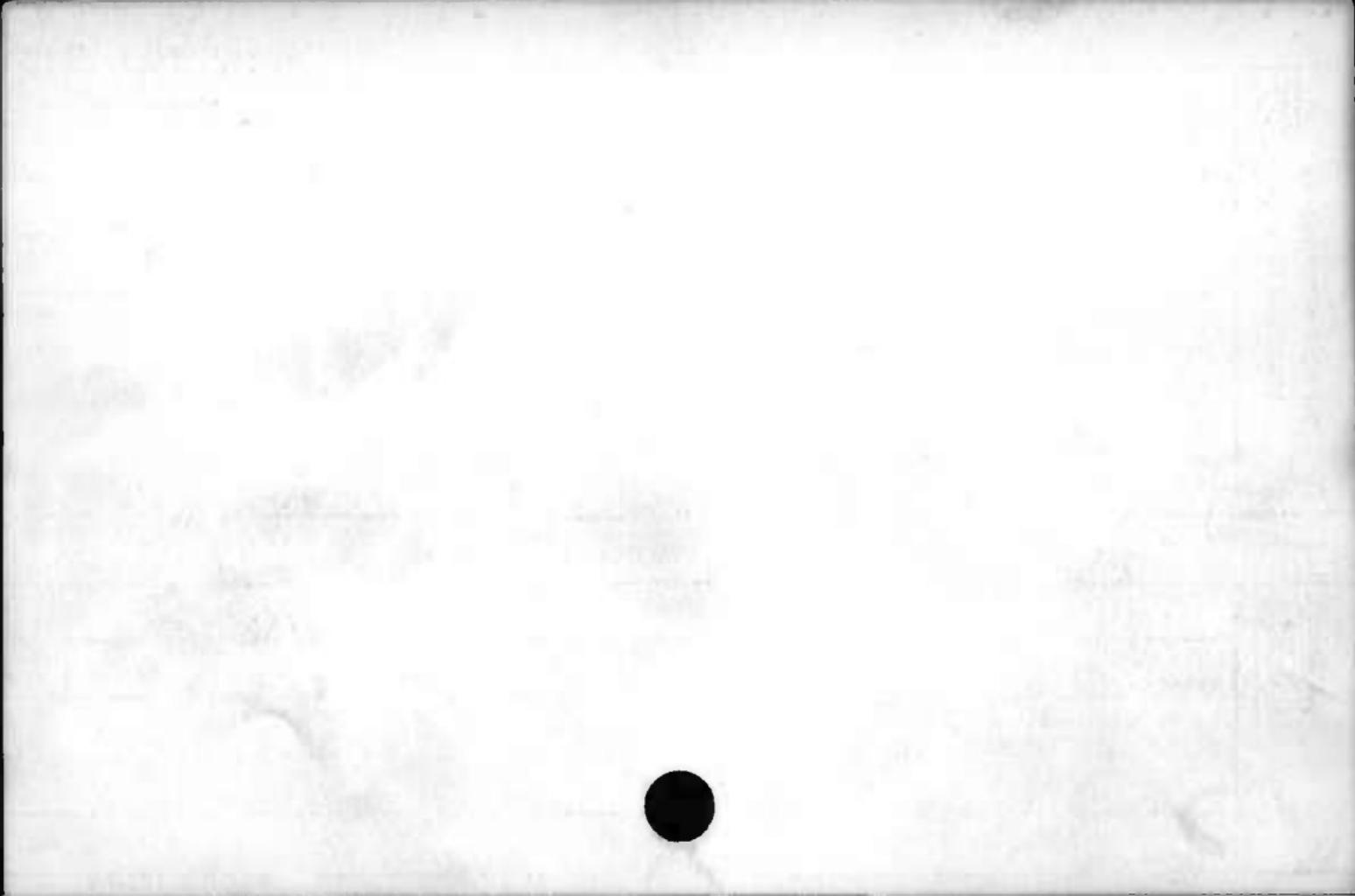
Address

CH Brace Jr

Cumberland
Md

Accidental Suicide

J
Y 5/12



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



CERTIFICATE OF DEATH

MARYLAND

Died at

Town

Frostburg

County

Allegany

Date
of death

190

Month

Oct.

Day

26

Years

Age

Munths

2

Days

14

Sex

Mr.

Color or
Race

Cal.

Birth-
place

Occupation

—

Where Residing if not
at place of death

—

Married, Single
or Widowed

—

Name of Wife or
Husband

—

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
Information

Leyra Nelson
Joseph Williams

Frostburg
Penn

CAUSES OF DEATH

Primary

Pneumonia

93

How long

1 week

Immediate

—

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Yes

Address

J. Cobey
Frostburg

Accident or Suicide?

No

John
Allegheny Co.

Name
in
Full

Mary Nesbitt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

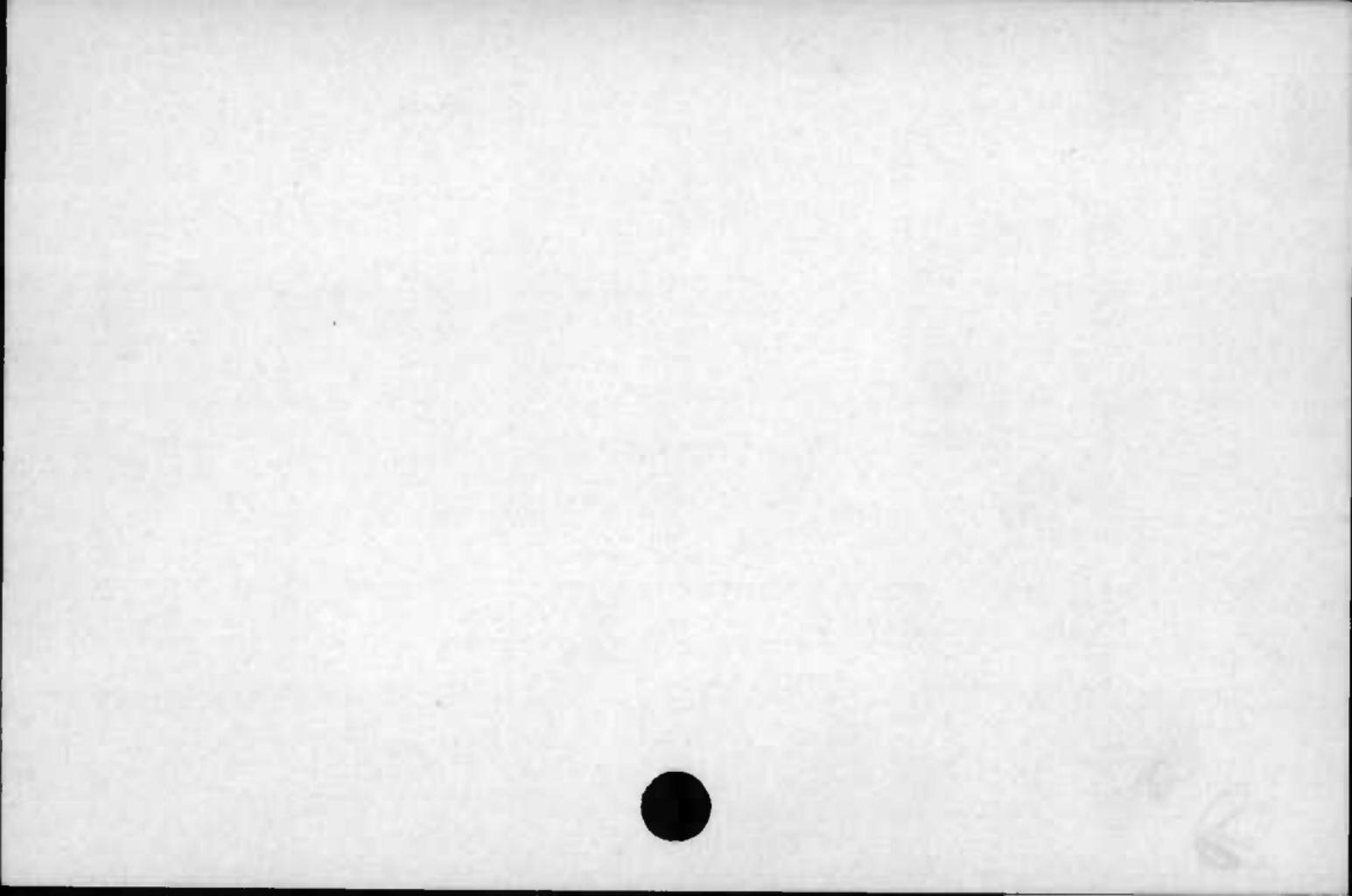
Died at	Woodlawn	Town	County		MARYLAND	
Date of death	1906	Month	Day	Years	Months	Days
Sex	Female	Color or Race	white		Birth-place	Scotland
Occupation	Damselwife		Where Residing if not at place of death		John Nesbitt	
Married, Single or Widowed	Married	Name of Wife or Husband			Father's Birthplace	Scotland
Father's Name	William Moffat				Mother's Birthplace	Scotland
Mother's Maiden Name	Elizabeth Taylor				How related to deceased	Husband
Name of person giving information	John Nesbitt					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Carcinoma uterus		How long	months
Immediate	Exhaustion		How long	one week
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	James Q. Bullock MD	
		Address	Jamaica Avenue No. 9	
Accident or Suicide?	no			

8



Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Ocean		Town	County Allegany		MARYLAND	
Date of death 1906	Month Oct	Day 11	Age 8	Years	Months 8	Days 18-
Sex Female	Color or Race White	Birth-place Sonoma Co.				
Occupation School	Where Residing if not at place of death —					
Married, Single or Widowed Single	Name of Wife or Husband —					
Father's Name James F. Nolan	Father's Birthplace Allegany Co.					
Mother's Maiden Name Rose Collins	Mother's Birthplace Allegany Co.					
Name of person giving Information James F. Nolan	How related to deceased Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Suffocation

9

How long

6 days

Immediate

Sudden - Heart failure

How long

few minutes

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

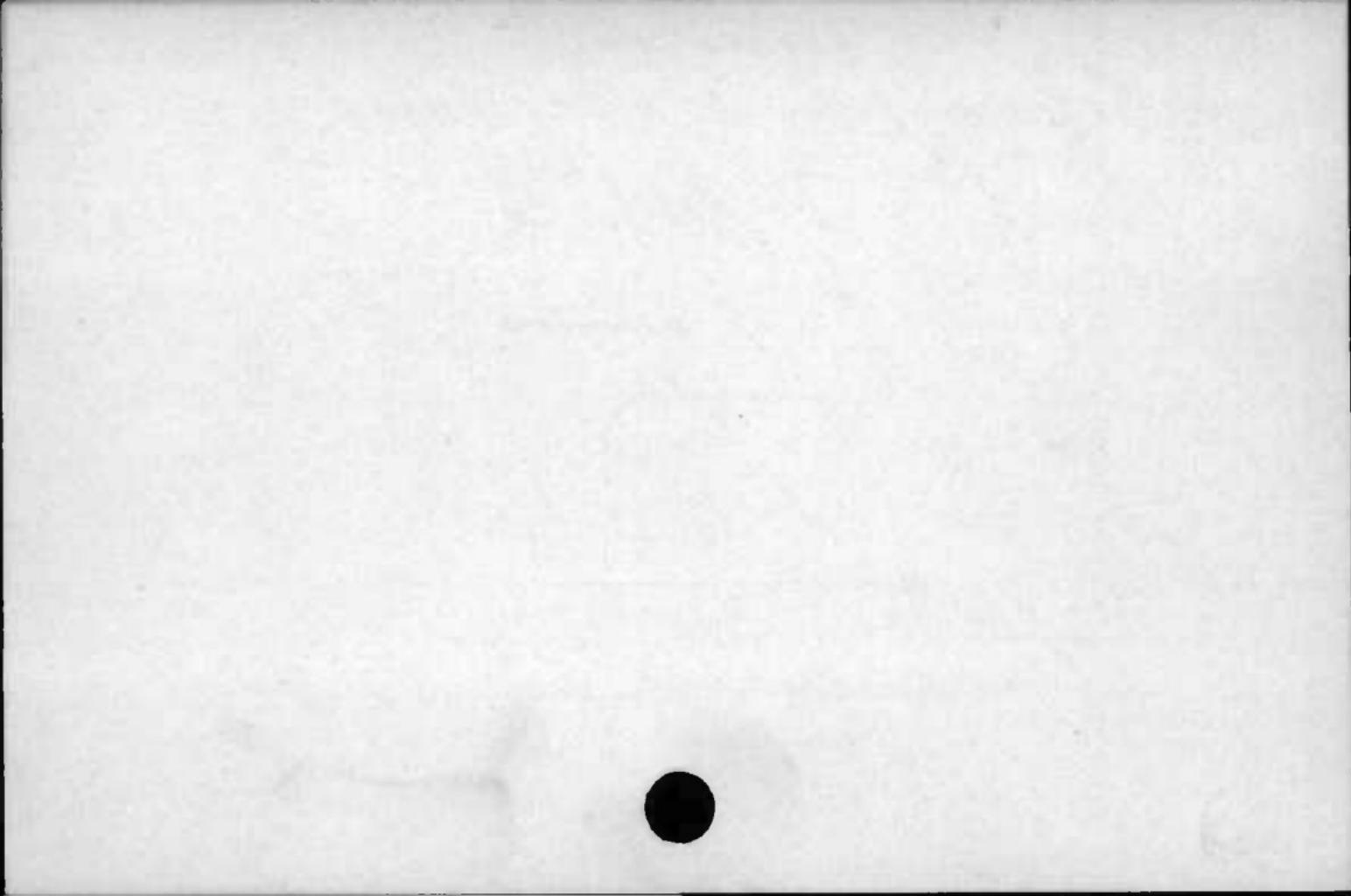
Address

James Q. Bullock
Sonoma Co.

no.



Accident or Suicide?



Name
in
Full

Marion Reynolds

CERTIFICATE OF DEATH

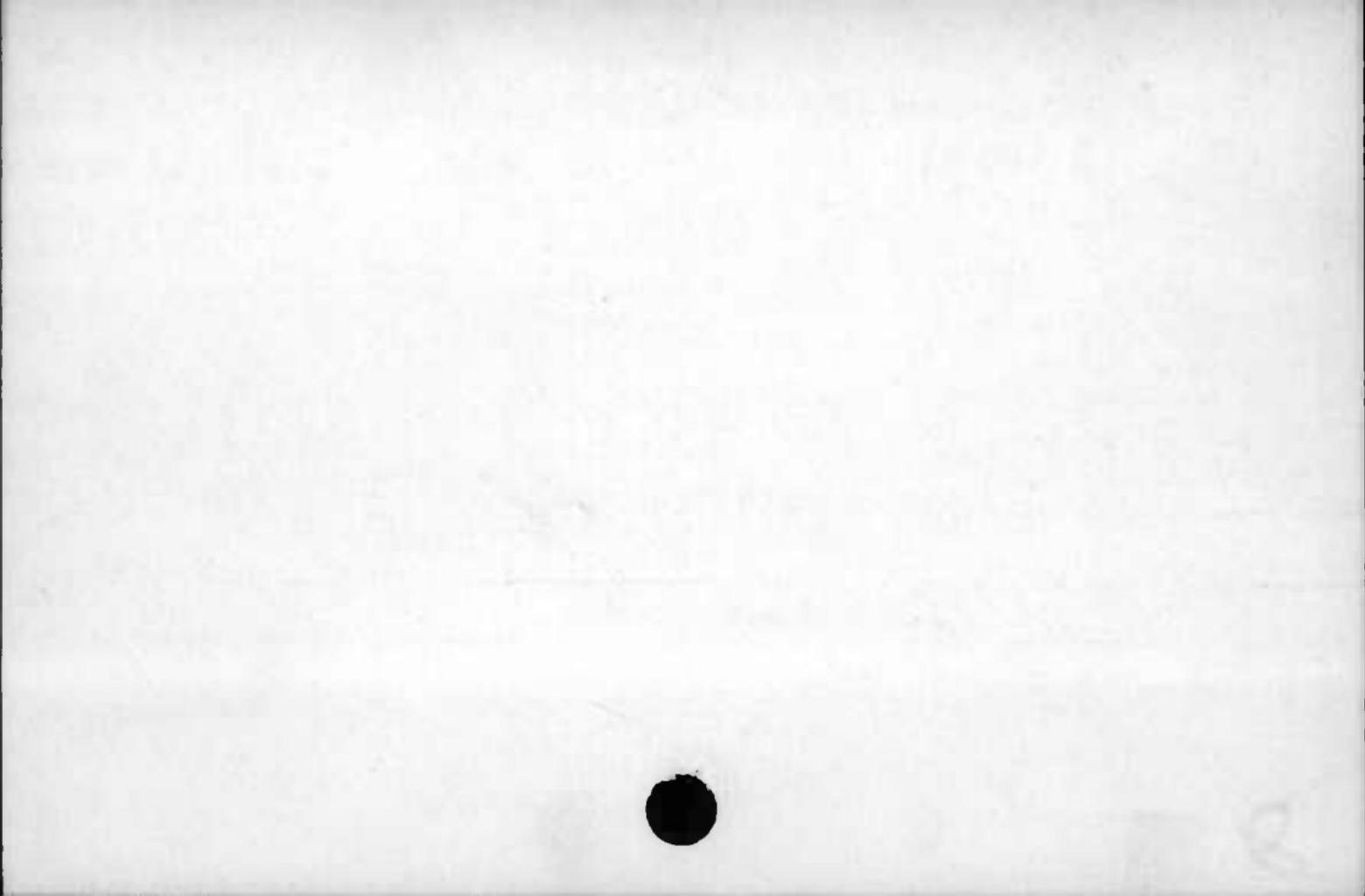
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	12	—	—
Occupation	School girl	Where Residing if not at place of death	—		
Married, Single or Widowed	—	Name of Wife or Husband	—		
Father's Name	Rapt Reynolds	Father's Birthplace	Penn		
Mother's Maiden Name	Sarah Rudy	Mother's Birthplace	—		
Name of person giving information	Rapt Reynolds	How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Septicemia (Bacteremic)	How long
Immediate	Endocarditis & Embolus	How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address
Accident or Suicide	St. J. Dugay	Rehoboth, Pennsylania, Pa.



Name
in
Full

Jaxio, Roccisano

CERTIFICATE OF DEATH

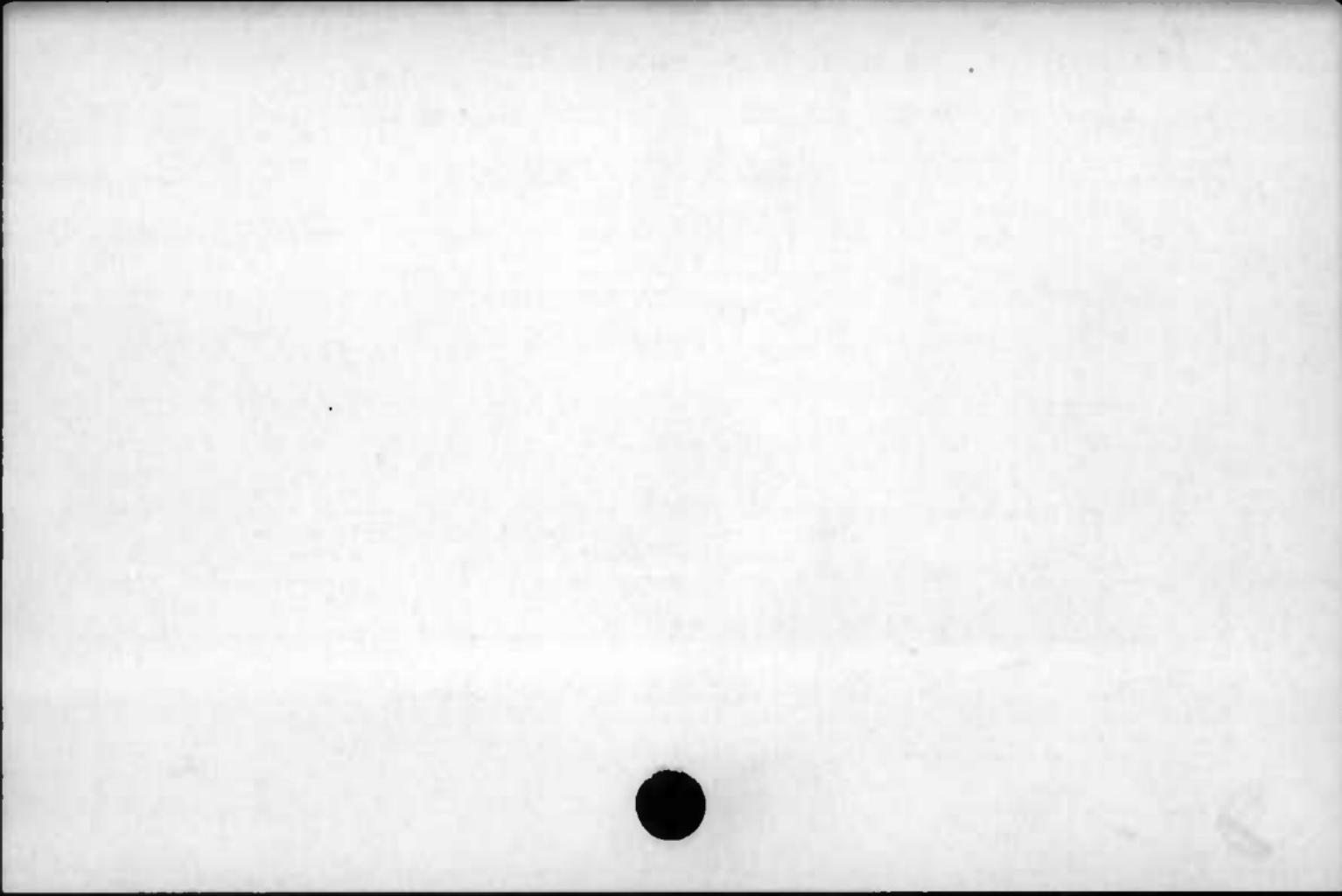
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1906	set	10	18		
Sex	Male	Color or Race	White	Birth- place	Italy
Occupation	Laborer		Where Residing If not at place of death	Thomas W. Va	
Married, Single or Widowed	Singl	Name of Wife or Husband	none		
Father's Name	Unknown		Father's Birthplace	Italy	
Mother's Maiden Name	Unknown		Mother's Birthplace	Italy	
Name of person giving Information	Roccisano		How related to deceased	Cousin	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Strangulation	How long	10 days
Immediate	Peritonitis	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	W. R. Hodges M.D.
		Address	Cumberland, Md.
Accident or Suicide?			



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John Rodenhauser

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Age	Months	Days	
1906	Oct	20	79	11	21	20	
Sex	Male	Color or Race	White	Birth-place	Germany		
Occupation	Baker	Where Residing if not at place of death					
Married, Single or Widowed	Widower	Name of Wife or Husband	Dead	—			
Father's Name	Dead		Father's Birthplace				
Mother's Maiden Name	Dead		Mother's Birthplace				
Name of person giving information	Amelia Rodenhauser		How related to deceased				

CAUSES OF DEATH

54

Primary

Old Age & heart failure

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

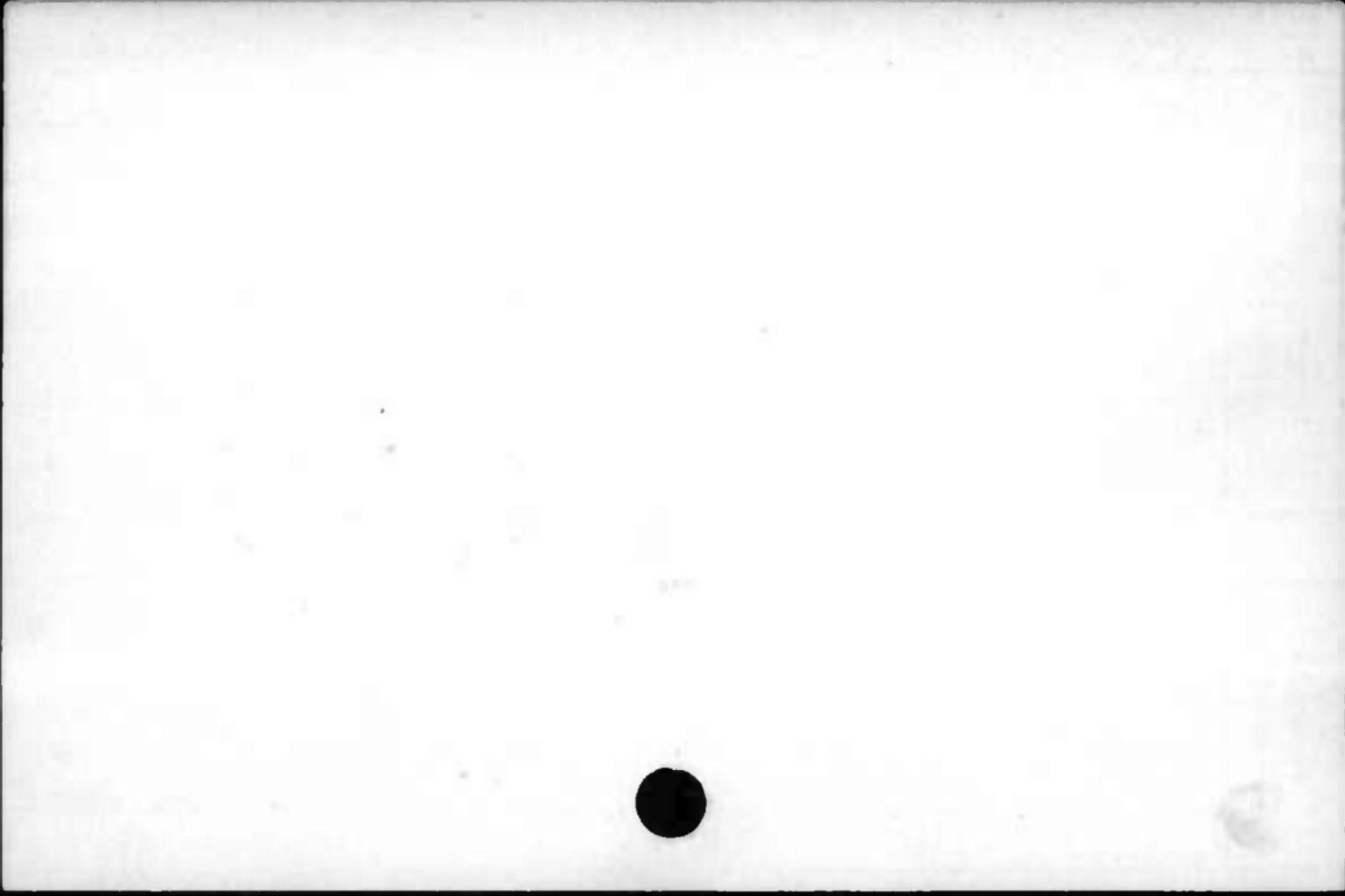
Dr. Geo. L. Carder

LOUIS STEIN

Address

Cumberland
Md.

Accident or Suicide?



Name
in
Full

Mary M Rohrbach

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Died at	Cumberland		August				
Date of death	1906	Month at	Day 27	Age 27	Years 5	Months	Days 21
Sex	Female	Color or Race	White		Birth-place	Cumberland	
Occupation	Housekeeper		Where Residing if not at place of death				
Married, Single or Widowed	Widow	Name of Husband	— Deceased		Father's Birthplace	Cumberland	
Father's Name	George Wagoner Steady				Mother's Birthplace	Cumberland	
Mother's Maiden Name	Sophia Damon				How related to deceased	Mother	
Name of person giving information	Sophia Wagoner						

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary

Consumption

(21)

How long

1 yr.

Immediate

Exhaustion

(21)

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Dr Thos. Roon

Address

Dr Cumberland
Md.

Accident or Suicide?

LOUIS STEIN

8 Hucks -

85
10
12
~~24~~
131

78

156
60
216

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Barbara. Schadt

CERTIFICATE OF DEATH

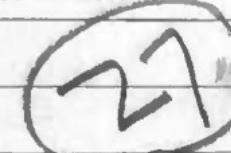
Died at		Town	County		MARYLAND		
Died at	Emmett.		Allegheny				
Date of death	1906	Month Oct.	Day	24	Age	39	Years 9 Months 23 Days
Sex	Female	Color or Race	White		Birth-place	Germany	
Occupation	House Wife		Where Residing if not at place of death		—		
Married, Single or Widowed	Married	Name of Husband	Henry.				
Father's Name	Dead				Father's Birthplace		
Mother's Maiden Name	Anna. B. Hahne.				Mother's Birthplace	Germany	
Name of person giving information	Henry Schadt				How related to deceased	Husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Consumption.



How long

1½ yrs

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Dat. Thos. Koon

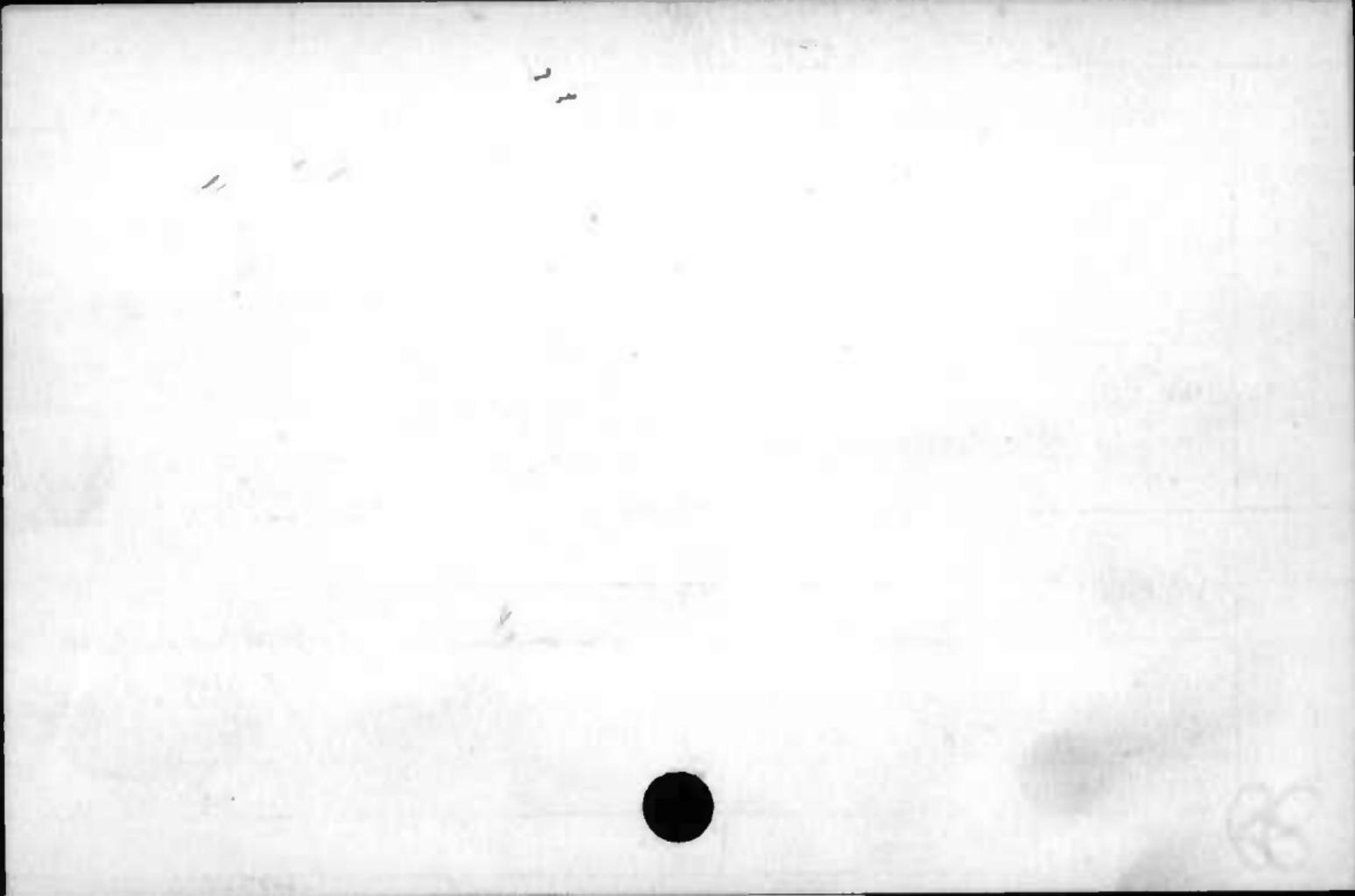
Address

Cumberland

Pa.

Accident or Suicide?

LOUIS STEIN.



Name
in
Full

Rosa Segalia

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Allegany

County

Allegany

MARYLAND

Date
of death

Month

1906

Day

23

Years

4

Months

8

Days

5

Age

Sex

Color or
Race

W.

Birth-
place

Md

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
Information

How related
to deceased

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Whooping Cough

How long

4 wks

Immediate

Pneumonia

How long

7 days

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

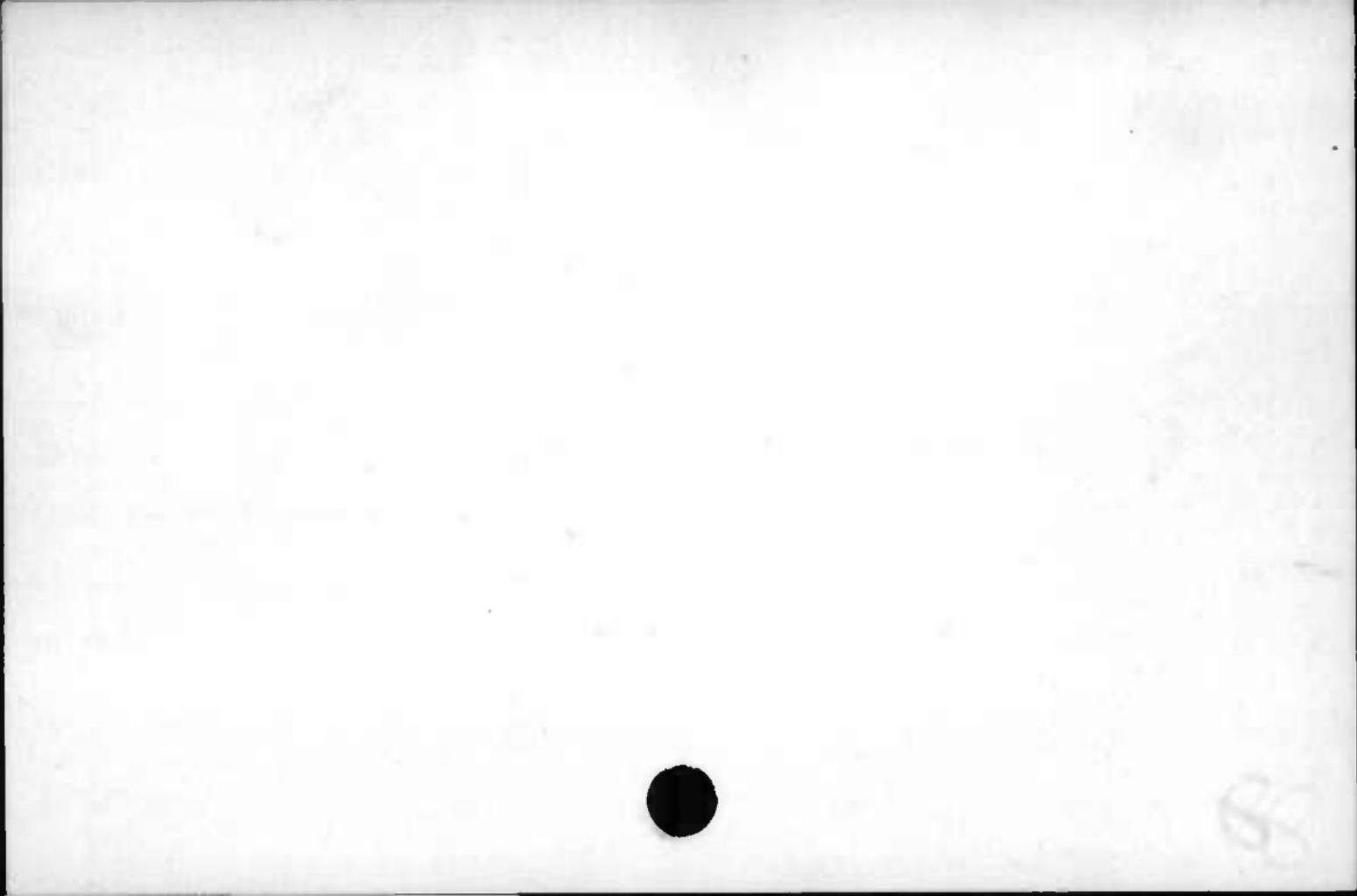
Dr. John Lane

Address

Frostburg Md

8

Accident or Suicide?



Name
in
Full

Chas H. Simpson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Westcrystal	allegany			
Date of death	Month	Day	Years	Months	Days
1906	10	18	—	—	10
Sex	Color or Race	Where Residing if not at place of death			
Male	White	Westcrystal			
Occupation					
Infant					
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	b. J. Simpson	Father's Birthplace	W.Va.		
Mother's Maiden Name	Mollie D. Ellison	Mother's Birthplace	Md.		
Name of person giving Information	b J Simpson	How related to deceased	Father		

PHYSICIAN
OR CORONER



Primary

Premature birth
Intoxication of mother & throat
and unable to take nourishment.

How long

—

Immediate

How long

One day

Are the name, age, sex, color, date and place correctly given above?

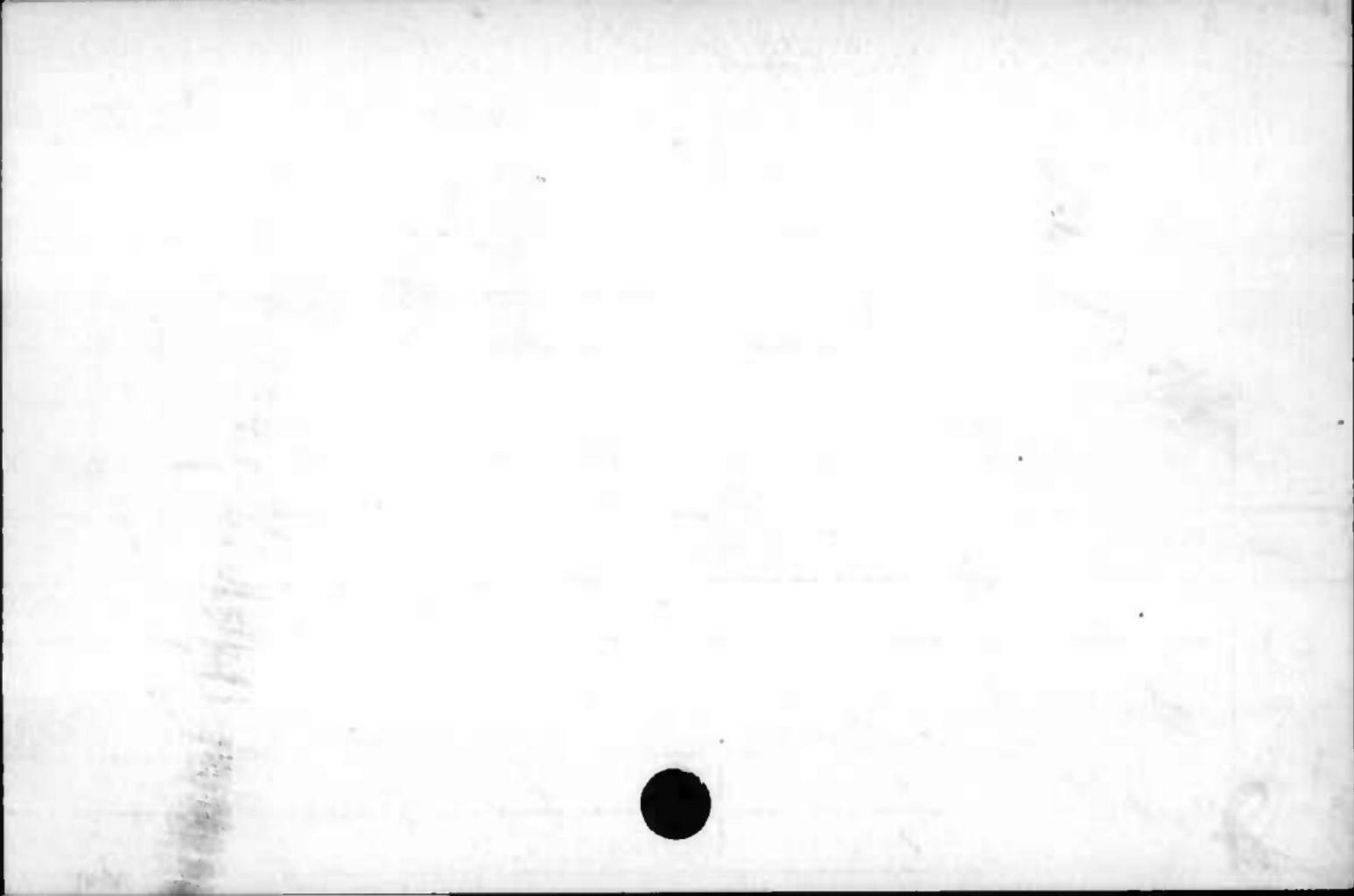
Yes

Signature of Physician

Address

J. G. Abbott
Piedmont 6th

Accident or Suicide?



Name
In
Full

Hillary Wadell Simpson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	White	Birth-place	Wadsworth	
Occupation	Infant	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	G. J. Simpson			Father's Birthplace	W. Va.	
Mother's Maiden Name	Mollie L. Allison			Mother's Birthplace	W. Va.	
Name of person giving Information	G. J. Simpson			How related to deceased	Father	

CAUSES OF DEATH

(15)

Primary

Premature birth

How long

and unable to take nourishment

How long

Immediate

Intoxicity of motherly love

One day.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

J. E. Abbott

Address

Piedmont U. S. A.

Accident or Suicide?



Name
in
Full

Harry Sisk —

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Cumberland</u>		County <u>Aleq</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>Oct</u>	Day <u>29</u>	Years <u>2</u>	Months <u>1</u>	Days <u>3</u>
Sex <u>male</u>	Color or Race <u>white</u>			Birth-place <u>Md</u>	
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>J.W.H. R. Sisk</u>					Father's Birthplace <u>WV Va</u>
Mother's Maiden Name <u>Carrie B. Tucker</u>					Mother's Birthplace <u>WVa</u>
Name of person giving Information <u>Henry Sisk</u>	How related to deceased <u>100</u> father				

CAUSES OF DEATH

Primary	<u>Gastro-intestinal indigestion</u>	How long	<u>3 mos</u>
Immediate	<u>Exhaustion</u>	How long	<u>10 days.</u>

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

P.B. Morris

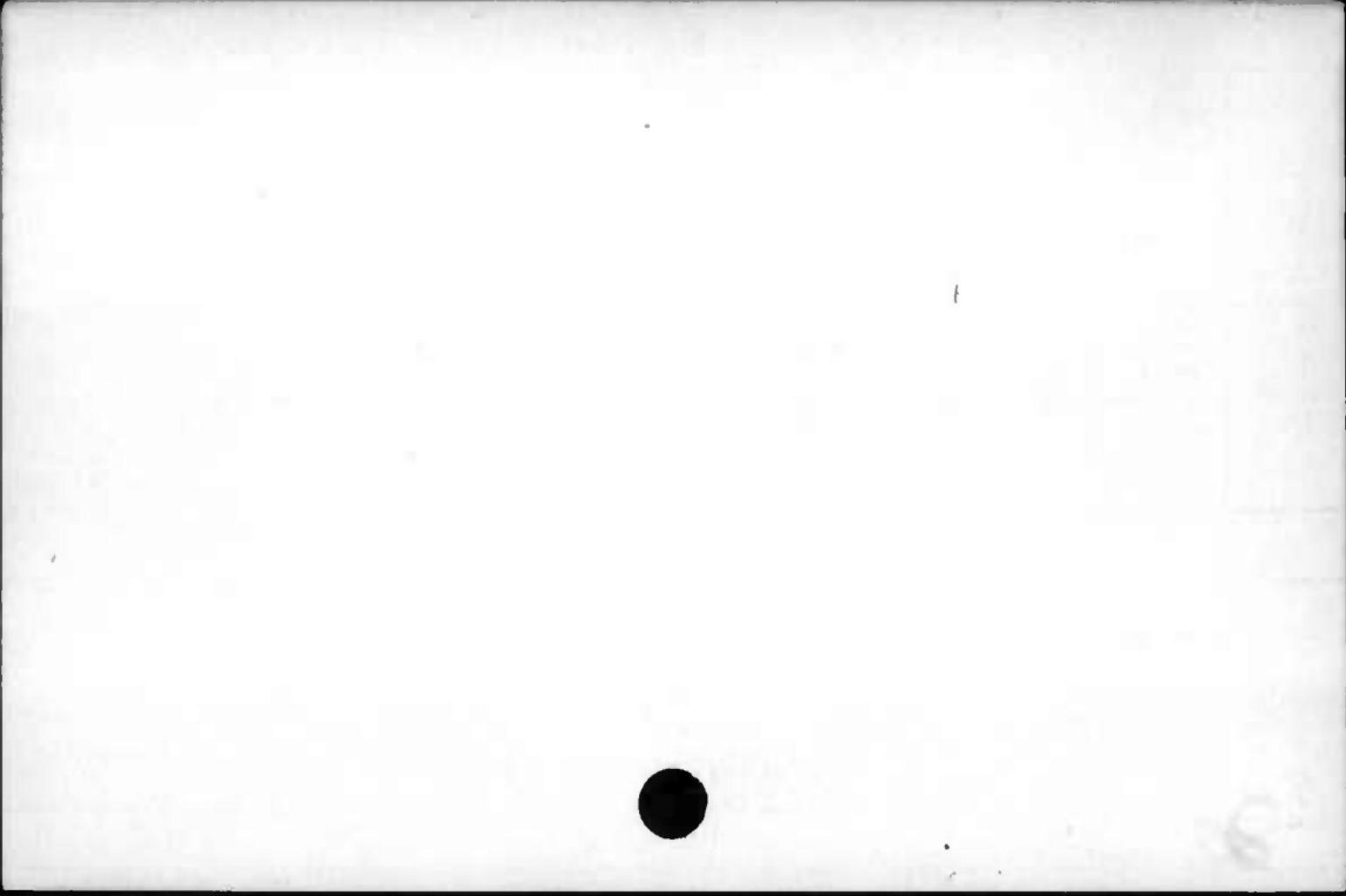
Address

Cumberland

Md

Accident or Suicide?

No



Name
in
Full

Lloyd Leroy Skidmore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town <u>Frostburg</u>	County <u>Allegany</u>	MARYLAND
Date of death <u>1906</u>	Month <u>10</u>	Day <u>23</u>	Years <u>1</u> Months <u>6</u> Days <u>23</u>
Sex <u>M</u>	Color or Race <u>N.</u>	Birth- place <u>Md.</u>	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name <u>Howard M. Skidmore</u>	Father's Birthplace <u>Md</u>		
Mother's Maiden Name <u>Elzie T. Wade</u>	Mother's Birthplace <u>Md.</u>		
Name of person giving Information <u>Cora Whiting'</u>	How related to deceased <u>Aunt</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Bronchitis

(90)

How long

10 days.

Immediate

Acute Meningitis

How long

48 hours

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Dr W. M. Lane

Address

Frostburg

8

Accident or Suicide?

Lsom

Allegheny County.

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Passie Small

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	63 -	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	—		
Father's Name	Eli Small - Dead			
Mother's Maiden Name	May A Holmes Dead			
Name of person giving information	Charley Small			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Cancer the Face.	How long
	Immediate	Exhaustion; Sepsis.	10 years.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	How long
Yes.		E. L. Jones M.D.	Three mos.
		Address	Cumberland Md
Accident or Suicide?		LOUIS STEW	

Ex

Cans

1 yr.

Li

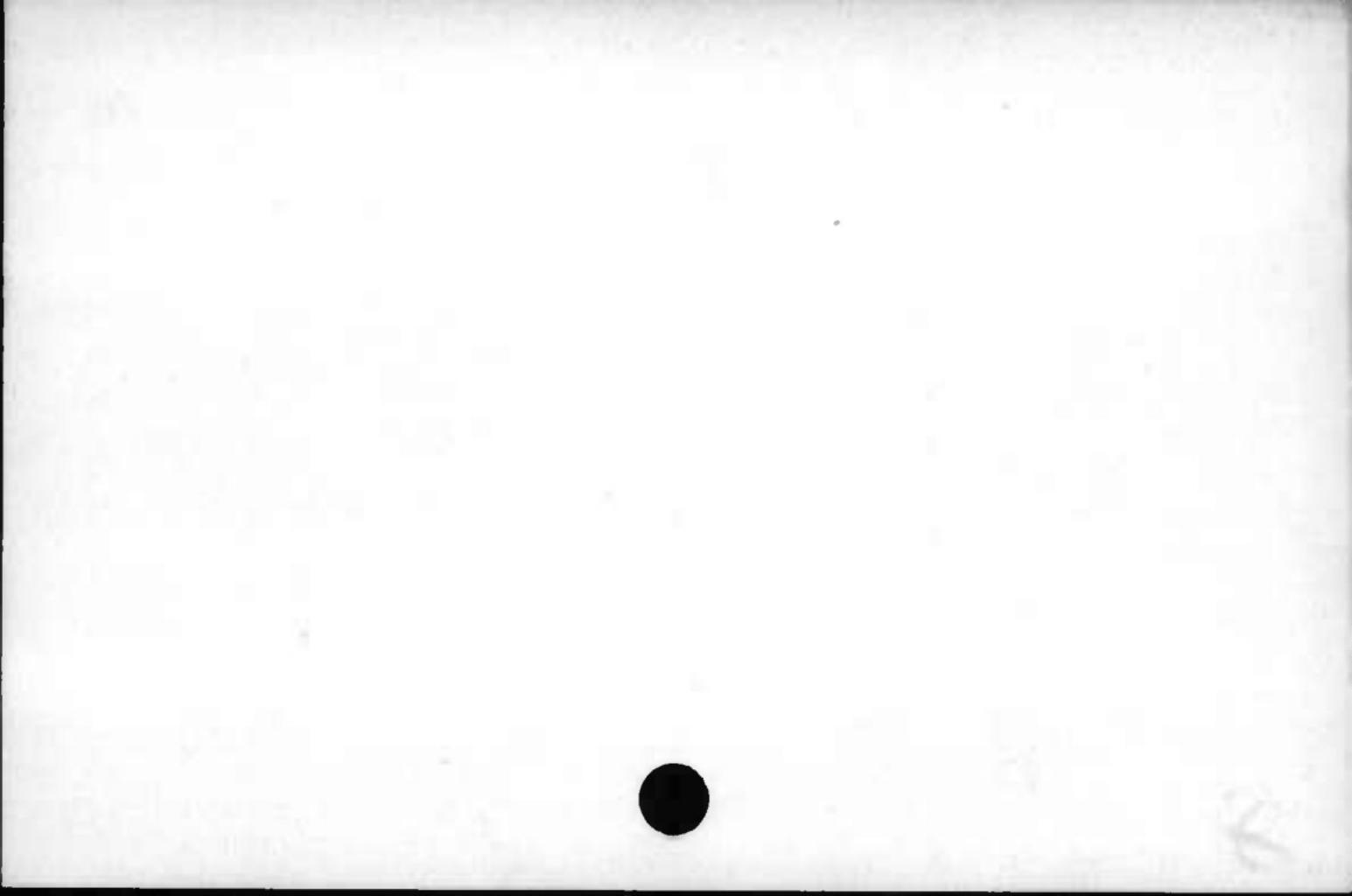
Name
in *
Full

Annie E. Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Place	Town	County	MARYLAND		
Date of death 1906	Month Oct	Day 29	Age 22	Years	Months 2	Days
Sex Female	Color or Race White	Birth-place Wet Savage				
Married, Single or Widowed Single	Occupation Nurse					
Name of Wife or Husband						
Father's Name Jos S. Smith	Father's Birthplace Pa					
Mother's Maiden Name Rosalia B. Sheridan	Mother's Birthplace Wet Savage					
Name of person giving Information Rerf. A. Smith	How related to deceased Brother					
CAUSES OF DEATH						
Primary	Pulmonary Tuberculosis (21)					
Immediate	Exhaustion					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	F. Alan G. Murray M.D.			
		Address	Wet Savage Md			
PHYSICIAN OR CORONER						
Accident or Suicide?						



Name
in
Full

Pearl Smith

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Miller Mines	allegany		
Date of death 1906	Month October	Day 20	Years 4
Age	Months	Days	
Sex Female	Color or Race white	Birth-place	Miller Mines
Married, Single or Widowed	Occupation	none	
Single			
Name of Wife or Husband		Father's Birthplace	Elk Garden
John Smith		Mother's Birthplace	Vale Summit
Mother's Maiden Name	Cora Wagues	How related to deceased	Aunt.
Name of person giving information	Mrs John Wagues	150	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Congenital Malformation of the Heart		How long	4 days
Immediate	Congenital Malformation of the Heart		How long	4 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	F. P. O'Neil	
		Address	Midland, Md.	
Accident or Suicide?	No			



Bon

Midland

Name
in
Full

Hazel Sweeney

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Frostburg</u>		Town	County <u>Alleg'</u>		MARYLAND	
Date of death 1906	Month <u>OCT</u>	Day <u>18</u>	Age <u>7</u>	Years <u>7</u>	Months <u>7</u>	Days <u>28</u>
Sex <u>M</u>	Color or Race			Birth- place <u>Frostburg</u>		
Married, Single or Widowed	Occupation		<u>F</u>			
Name of Wife or Husband						
Father's Name <u>Frank Sweeney</u>			Father's Birthplace <u>Pa</u>			
Mother's Maiden Name <u>Sallie Willison</u>			Mother's Birthplace <u>Md</u>			
Name of person giving Information <u>Frank Sweeney</u>			How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Diphtheria</u>	<u>Pneumonia</u>	How long	<u>9 days</u>
Immediate	<u>Septicemia & Cerebral</u>	<u>Tonsillitis</u>	How long	<u>6 days.</u>

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

J. Griffith
Frostburg

Accident or Suicide?

John

Norman Larkins

Conway

Name

in
Full

Thomas Troxell

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
1906	Oct	19	Age 44
Sex	Male	Color or Race	White
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name			
Mother's Maiden Name			
Name of person giving information	Daniel F Troxell		
	Father's Birthplace		
	Mother's Birthplace		
	How related to deceased	Brother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Heart failure

How long

(19) 2 yrs

Immediate

Sycamore

How long

15 min.

Are the name, age, sex, color, date and place correctly given above?

LOUIS SPAIN.

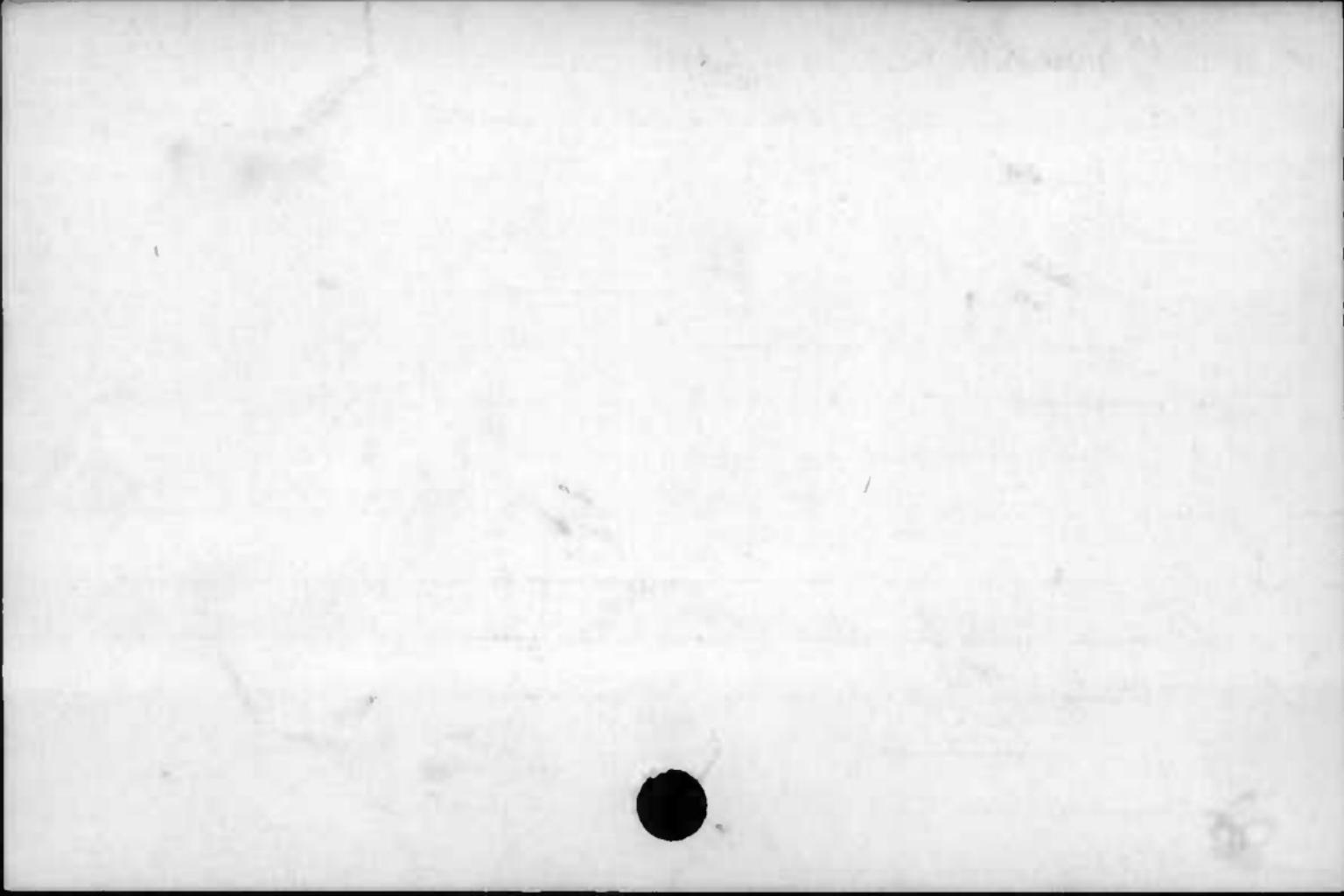
Signature of Physician

Address

Dr A Leo Franklyn

Cumberland
Md.

Accident or Suicide?



Name
in
Full

Frederick Ledy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cumberland

Town

County

MARYLAND

Date of death 1906

Month Oct

Day 6

Years

Age 73

Months

Days 3

Allegany

Sex Male

Color or Race

white

Birth-place

11 Cornwall
England

Occupation

Retired

Where Residing if not
at place of death

Cumberland

Married Single
or Widowed

Name of Wife or Husband

wife dead

Father's Name

John Ledy

Father's Birthplace

England

Mother's Maiden Name

don't know

Mother's Birthplace

England

Name of person giving information

John Ledy

How related to deceased

Son

CAUSES OF DEATH

Primary

Uraemia

(20)

How long

3 who

Immediate

Exhaustion

How long

24 hrs

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Dr. G. L. Burnside

Address

Cumberland Md.



Accident or Suicide?

No

Mr C H Brace

51 Bedford St

Opp city hall

Name
in
Full

Oscar J. Valentine

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Whites	Birth-place	William st Pa
Occupation	Where Residing If not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	William H. Valentine				
Mother's Maiden Name	Barbra A. Falter				
Name of person giving information	How related to deceased				

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Lunggerel Comp.
Zoxazemic

⑨

How long

About 7 days.

Immediate

Are the name, age, sex, color, date and place correctly given above?

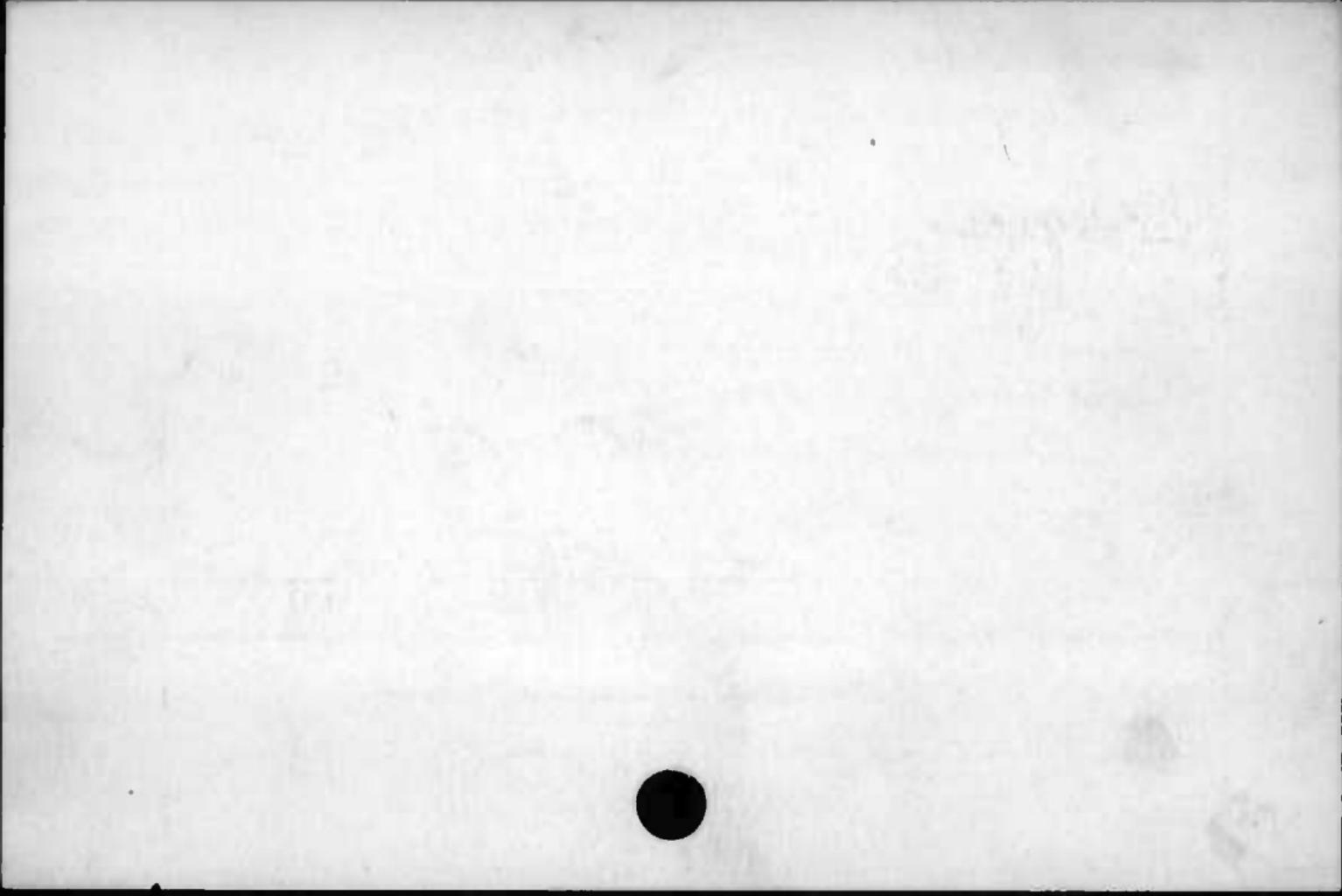
Signature of Physician

Address

Edward Harris
Cumberland
Md.

J

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Offel Regina Vannmeter						CERTIFICATE OF DEATH	
Died at Breasfostown			County Aug 7			MARYLAND	
Date of death 1906	Month 07	Day 27	Age 1	Years	Months 7	Days	
Sex Female	Color or Race White		Birth-place Breasfostown				
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	M. S. Vannmeter			Father's Birthplace	MD		
Mother's Maiden Name	Clara, Bell. Bardmarkle			Mother's Birthplace	MD		
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Croup

⑨

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Yes

Dr. H. S. Koon

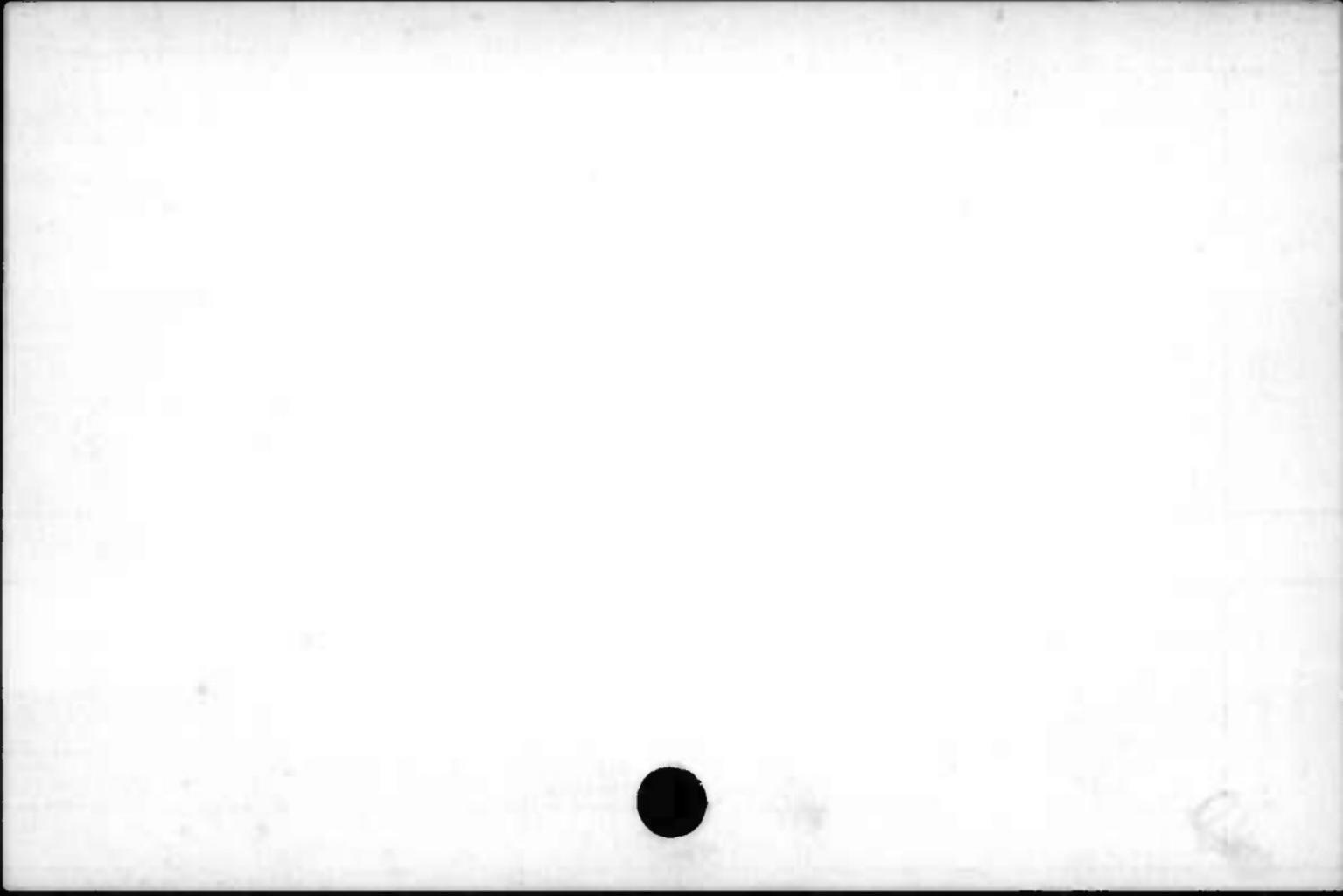
LOUIS STEIN.

Address

Cumberland

MD.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	190	Month Oct	Day 7	Years	Months	Days	
Sex	Male	Color or Race	White	Birth-place	Allegany	Allegany	
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	James Walsh						
Mother's Maiden Name	Anna Shewman						
Name of person giving Information	James Walsh						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Injury

(151)

How long

Incarcerate

How long

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. Colby
First Street

Accident or Suicide?

No

G On

Int. Savanna

W.

Mid

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Elizabeth Williams

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County			
Died at	Worrellburg	Oley			
Date of death	Month	Day	Age	Years	Months
1906	Oct	24	50	50	15
Sex	Color or Race	W	Birth-place		
F		W	Md		
Occupation	Where Residing if not at place of death				
Housewife					
Married, Single or Widowed	Name or Wife or Husband	Danie J. Williams			
Father's Name	Thos O. Evans	Father's Birthplace			
Mother's Maiden Name	Alex Johnson	Waller			
Name of person giving Information	Danie J. Williams	Mother's Birthplace			
		Waller			
		How related to deceased			
		Husband			

CAUSES OF DEATH

Primary Cause of death: Circumstances of death: Few months
How long: Few months
How long:

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Accident or Suicide?

Signature of
Physician

Address

Groffelt
Worrellburg

77^c
Alley